



# THE LANCET.

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**VOL. III.**

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# THE LANCET.

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## SURGICAL LECTURES.

Theatre, St. Thomas's Hospital,

Thursday Evening,

March 25th, 1824.

### LECTURE 46.

#### *On Dropsy of the Abdomen*

There are two species of this Dropsy, viz. *Peritoneal* or *ascites* and the *encysted* or *ovarian*. The peritoneal dropsy is an accumulation of water in the cavity of the peritoneum, and the ovarian dropsy is a collection of water in the membrane which covers the ovarium; first, then, of

#### *Ascites or Peritoneal Dropsy.*

The first symptom which a person feels who is affected with ascites, is pain on the abdomen being pressed; every day this symptom becomes more and more severe, until even the clothes, if ever so loosely worn, will feel too tight on the body, and the person will be distressed of having them removed. Well, the body goes on gradually enlarging, until, at length, the person applies for medical advice. Upon examination it will be found that the intestines are floating in a fluid; the abdomen enlarged, (in proportion of course, to the

and

upon loosening the clothes, applying a hand to each side of the body, and gently using pressure with one hand and slightly tapping the abdomen with the other, or giving the body a gentle sudden jerk from side to side, fluctuation will be readily perceived. As the secretion of water increases, the abdomen becomes more tense, pressure is produced on the diaphragm, which occasions a difficulty of breathing, which is more especially felt in the hurry of exercise, so that dyspnoea at length becomes a very distressing symptom arising from the accumulation of water in the abdomen, until it reaches the lower part of the diaphragm, in consequence of which the contractions of that muscle becomes necessarily impeded, and the difficulty of breathing therefore produced. As the abdomen increases, fluctuation may, as I before stated to you, be easily distinguished by applying your hand to one side of the body, and by gently tapping the opposite side with the other, the undulations of the water will be readily felt by the fingers which are pressed on the abdomen; thus, then, the fluid can be so readily felt, and the symptoms so manifest, viz. the difficulty of



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forego the use of spirits and live temperately, the disease may be cured; and so may that dropsy which is produced by debility, after fevers. When, however, the disease is a consequence of disorganization, your remedies probably may fail, for the malady is then caused by other complaints, over which medicines have no power.

### *Medical remedies to be employed in Ascites or Dropsy of the Abdomen.*

The medicines which experience has proved to be the most beneficial in dropsy of the abdomen, are calomel and squilla; one grain of calomel, and 3 of squilla in a pill, or 2 grains of blue pill to be combined with three grains of squilla; one of these should be administered every night, or every other night, and in the day you should give a mixture, composed of from seven to ten grains of carbonate of ammonia, one drachm of spiritus retheris nitrosi, twenty drops of tinctura digitalis, and an ounce and a half of mistura camphora. This medicine, given once or twice a day, with one of the above pills at night, will often succeed in restoring a person to health, whose constitution will be considered as broken and faulty, that it will be deemed impossible for him ever to regain a sound state of body. Should the dropsy have arisen from the irritation caused by ardent spirits, these must be relinquished or the complaint will not disappear. There are other medicines which are most powerful in producing an absorption of effused water, and carrying it off by the kidneys and by stool,

the most active of these is the elaterium; it is indeed so active, so severe in its effects, so destructive, that you must never give it to persons of advanced years, nor to those who labour under great debility. In dropsy, however, which occurs in the middle of life, where there is strength to bear its operation, this medicine will be found a most valuable remedy. Much caution, must be exercised when you are giving it, for it is so violently drastic, that a large dose given at once may prove destructive to life; you should, therefore, as it were, feel your way with it, by giving at first small doses, and carefully ascertaining what quantity the patient's constitution will bear. In the hands of a judicious practitioner this medicine will be found truly valuable; it must, however, be exhibited to those only who have strength, and in no instance to the aged and infirm, unless in exceedingly small doses. An operation called paracentesis, or tapping, is occasionally performed for the purpose of relieving ascites, and this operation every now and then succeeds in removing the disease; this happy result can only occur in such cases where the disease has been the effect of debility, arising from some kind of fever, or from the abuse of mercury. If the operation should not cure, it will tend materially to diminish the sufferings of the patients, by relieving the load under which they labour, and by removing in great measure, the difficulty of breathing, caused by the water accumulating to such an extent

all to press upon the lower surface of the diaphragm; the removal of the water under these circumstances will likewise afford a better opportunity for the trial of medicines; this operation has also produced a permanent cure, when such a result was totally unexpected on the part of the medical practitioner. I recollect the case of a young man at Guy's, who had recovered from typhus, but who had afterwards an accumulation of water in the abdomen, on which account I was requested to see him by the late Dr. MANOER. He had an anasarca as well as ascites; I tapped his abdomen for the ascites, and punctured the lower part of the abdomen and insides of the thighs, for the anasarca. This young man was in an exceedingly weak state, and I did not imagine he would have recovered. I met Dr. MANOER three weeks afterwards, who asked me what I thought had become of the patient that I had tapped, I replied that I did not know, probably, I said, he has died. "No," said Dr. MANOER, "he is perfectly cured, and if you like you can see him." This, gentlemen, was a most fortunate case, but the greatest misfortune is, that these cases seldom occur.

The next subject on which I shall speak is the

#### *Ovarian or Encysted Dropsy.*

One of the principal differences that exists between this and the former disease is, that the ovarian dropsy is entirely local; a person may be attacked by it who is in perfect health, indeed the health of the female may be as good when she is dis-

eased as a man's may be when he has hydrocele, and these diseases are likewise similar in both, having a local origin.

After the encysted dropsy has existed for a short time, a small tumour will be perceived just above Poupart's ligament, lying upon the brim of the pelvis, in the hollow formed by the ilio-cos internus muscle;—no fluctuation can be perceived in it at first; as it increases it gradually rises as high as the kidney of the affected side, it then crosses the abdomen, and sits the opposite side; it thus forms on one side, grows to a considerable size, then passes to the opposite side, and thus becomes of very considerable magnitude. There is no pain in the progress of the complaint, and the principal inconvenience that arises from it when the tumour is situated in the pelvis, is its pressing upon the bladder and causing an interruption to the free flow of urine.

It is necessary to have the abdomen very much distended, before fluctuation can be perceived; it is not by any means so distinct here in its early stages as in ascites, and requires considerable time before the fact can be correctly ascertained.

There is about the same quantity of water drawn out in ovarian dropsy, as in ascites, viz. from twenty-five to thirty pints, and when the swelling occupies both sides of the abdomen, you will not find much variation in these quantities.

You may form some idea of the size that they sometimes reach by this enormous bag, (here the professor showed for

the class an exceedingly large dried membranous cyst); this is the cyst of an ovarian dropsy, and it contained ninety-seven pints of water, being twelve gallons and a pint, and is not the largest that has been known, I have heard of their containing above a hundred pints; and in one case from between a hundred and twenty to a hundred and thirty pints. The woman, from whom this cyst was taken, would not permit the operation of paracentesis to be performed, and therefore in all probability lost her life through her obstinacy; she grew, as you may imagine, a most unwieldy figure, and was obliged to be wheeled from place to place not being capable of taking exercise.

Now, gentlemen, it sometimes happens that the ovaries become diseased and grow to tumours of an immense size; here is one which was given to me two or three days since by Mr. CALLOWAY; you see of what immense magnitude it is, it weighs thirty-nine pounds some ounces; it was removed after death from an elderly woman, but the history of the case is unknown to me; it is not of a malignant character, and appears to be of the same nature as simple chronic tumour of the breast.

The fluid contained in the cyst of ovarian dropsy differs considerably in different subjects; in some being serous, in others mucilaginous; or likewise purulent. The fluid sometimes is so thick when mucilaginous, that it will not escape through a common-size canula, and you are under the necessity of introducing one of large dia-

meter before you can succeed in drawing it off.

I tapped a woman in company with a surgeon in the city, and the sac in that instance contained a fluid like pur; the practitioner who was with me had found a similar discharge when he tapped her some months previously; this woman recovered; I have seen other cases of a similar description.

When you operate for ovarian dropsy, it is quite uncertain what kind of fluid you will extract, sometimes it is filled with a number of hydatids; you must not therefore be alarmed when you perform the operation of paracentesis for the relief of this complaint, if a fluid should escape different from what you expected.

Now, gentlemen, the cyst in which the water of ovarian dropsy is contained, is of two species,—one is formed of the membrane which covers the ovary, and the other from a hydatid which lodges upon that membrane; the ovary itself being quite unaffected.

Here, gentlemen, (exhibiting a preparation to the class) is a specimen of dropsy of one of the fallopian tubes, both extremities having been closed, water collected between them and thus the disease was produced.

#### *Treatment of the Ovarian Dropsy.*

I do not believe that medical treatment has any influence in this complaint; that is, I do not consider that medicines will produce any marked difference in the quantity of fluid contained in the dropsy.

Different practitioners, however, entertain different opinions on this subject; but, gentlemen, I feel it my duty to state, candidly and openly to you, the result of my own experience. You may, if you think proper, give digitalis and mercury, they are so strongly recommended.—I will mention to you a case which will illustrate the influence, or rather the want of influence of mercury, in ovarian dropsy.—Dr. BAILLIE and myself once met in consultation on the case of a lady who had for some time been afflicted by ovarian dropsy, and who had taken such quantities of mercury as to occasion a sloughing of the gums, the insides of the cheeks—and to excite so great a degree of adhesive inflammation, as led her lower jaw to become fixed, and she was under the necessity of sticking her nutriment between the teeth; this showed what power mercury had over the disease. At this consultation I mentioned to Dr. Baillie my astonishment, that after so many cases of a similar description as the one we were then seeing, that practitioners should persist in asserting that mercury would produce an absorption of the water of ovarian dropsy. I asked Dr. Baillie if he had ever seen any benefit result from the employment of medicine in this complaint, and with that candour which is the strongest proof of an honourable mind, he answered, "not in my lifetime."

I do not wish, gentlemen, to deter you from the trial of medicine; but I am fully satisfied after you have done so, you will

agree with me that it does not possess the least power of occasioning a diminution of the water of encysted dropsy, and the reason of its being thus powerless, is the deficiency of absorbents, attached to the cyst, and if you were to see a cyst injected for the purpose of exhibiting the absorbents, you would at once see the insuperable difficulty which is opposed to the successful medical treatment of this complaint. Now if the cyst should burst and the water escape into the cavity of the abdomen, you know in some instances that in three days it became absorbed, and passed away by urine and by the intestines. Again, in ascites we know that elaterium has, in a very short time, produced a complete absorption of the water, but in ovarian dropsy no such effect has ever been known. Who would have supposed upon looking at the peritonæum that it was a better absorbent surface than the ovarian cyst; and who would have imagined that squills, digitalis, or elaterium, would have had a greater effect upon one than upon the other; yet the fact is well known, and the cause of it clearly ascertained by anatomical inquiry; on one are found absorbents thickly distributed, while on the other they are scarcely perceptible.

When a person consults you having ovarian dropsy, you should direct a belt to be applied tightly round the abdomen, for the purpose of producing such a degree of pressure as will diminish the tendency to enlargement; for if a person

leads a sedentary life, and does not employ pressure, you will soon find that the dropsy will so increase, as to require operation, whereas, if the belt be worn, tapping may almost be put off to an indefinite period.

Whether medicines are taken or not with a view of promoting the absorption of the water, I would advise you at least to attend to the fecal discharges.

The operation of tapping has occasionally been performed with a view of merely relieving the load under which the patient has suffered, when to the surprise of the practitioner, it has ended in perfect cure; but generally speaking, the vessels more commonly have a disposition to renew the secretion of fluid, and the disease again forms.

When about to perform the operation for ovarian dropsy, take care that you may not be misled, and perform your operation on a person in a state of pregnancy. I have known several instances of this kind occur; it is a very awkward accident, would injure your reputation, and you should always therefore previously make yourself acquainted with the state of the parts, by an examination *per vaginam*. By neglecting this precaution, difficulties and accidents connected with the operation often arise. A gentleman from my native county was dining with me one day, and in the course of conversation, asked me if I had ever performed the operation of *dry tapping*? "Good God! no," (I replied,) and hope I never shall." "Well (said he) it is an operation that I have seen, at all events; and I'll relate to

you the particulars. A practitioner in the town where I resided, called upon the surgeon with whom I was a pupil, and told me and a fellow student, that he was going to perform the operation of tapping for ovarian dropsy, and if we chose we might go and see it; we thanked him, and attended.

"The woman was seated on a stool, with her abdomen exposed, and the surgeon plunged in the trocar and canula, when, upon holding up a basin, and withdrawing the former, the doctor looked somewhat amazed at finding that no water escaped, and after crying "hum," and deliberating for a second or two, he withdrew the canula, reflexed the trocar in it, stepped back a pace or two, pointed it towards the abdomen, and again charged it as with a bayonet. (Much laughter.) The trocar was then withdrawn from the canula as before, but still no water! At this he uttered "oh!" instead of "hum," — paused, withdrew the canula, — turned to the persons present, and said, "gentlemen this is an operation which you have probably never seen before, it is that of *dry tapping*," and then to the attendant — "Nurse, you may do her up." (Excessive laughter.) "Faith," said the gentleman who told me the story, "we thought he had done her up." (Continued laughter.)

A question has often been started by medical men, whether the operation should be performed early or late; and in reply I say, never early; at this time the cyst does not adhere to the peritoneum, consequently, instead of.

your drawing the water off, it will escape into the cavity of the abdomen. I knew an instance where a young woman was operated upon, in whom the cyst was very small; while the water was passing off, it suddenly stopped; upon which the surgeon introduced a probe, and upon withdrawing the probe, something came away with it; which, upon examination, was found to be omentum. After the operation, peritoneal inflammation came on, and the young woman died; never operate then until the tumour has become fixed, and which fact you can ascertain by carefully watching it in different positions of the body; but there is another reason why the operation should not be performed in the commencement of the disease, which is, the cyst at that period consists of different compartments, divided by septa; as the disease advances, and as the cyst becomes larger, these septa are broken, and the whole of the interior forms one cavity. Now, if you were to operate before this had been effected, the end of the canula communicating only with one part of the cyst, would merely draw the water from thence, without abstracting it from other parts, and consequently the relief to the patient would be exceedingly partial.

It has been proposed, after evacuating the water from ovarian cysts, to inject them in the same manner as we do the tunic vaginalis for the radical cure of hydrocele; the experiment was made more than a hundred years since by a practitioner of Cornwall; in the first place it completely succeeded, but, with

the candour which did him infinite credit, he acknowledged that in two subsequent instances it proved unsuccessful. Probably it has not been sufficiently tried, and for my own part I think the subject is really deserving consideration. The stimulant employed should be mild, and must not approach the strength of the injections used for hydrocele, composed as they are of a 3 of sulphate of zinc to a pint of water, and equal parts of wine and water. It is an operation which should rather be performed at the solicitation of the patient, than at your own recommendation. It has been proposed to take away the cyst, and this I really think may be accomplished—at least small cysts; but large cysts, I feel confident, cannot be thus removed. A gentleman that you all respect very much, tried the experiment. After having made the opening through the muscles of the abdomen, upon introducing his finger, it was found that the sac so firmly adhered to the abdominal parietes, that it was impossible to carry the operation into effect.

## LECTURE 47.

*Monday Evening, March 29.*

In the last lecture, gentlemen, I spoke of the operation for the relief of dropsy of the abdomen, whether ascites or encysted dropsy, and in doing so I recommended you not to attempt to perform the operation without distinctly ascertaining a flu-

## THE LANCET.

tion, as you might otherwise endanger the abdominal viscera. The operation itself is very simple; the instruments which you use for this purpose are either the trocar and canula, or the lancet and canula. If it be ascites the lancet and canula will answer equally well with the trocar and canula, as the fluctuation is very distinct, and there is but little to penetrate; the lancet is indeed preferable in this case, as its use is attended with less risk to the abdominal viscera. The canula which you employ for this purpose, should be about three inches long, and made at the extremity like a common catheter, rounded at the end, and having holes at its sides, but it is quite straight. You make an incision of about half an inch, and then thrusting the canula into the abdomen, the water is removed without danger. On removing the water in ascites, the patient is sometimes seized with spasms in the diaphragm, towards the close of its evacuation, as the diaphragm loses the support of the water. A man who underwent the operation in this hospital had violent spasms towards the close of the evacuation of the water, and in three days after died. On examination of the body after death, it was found that the sharp edge of the canula had lacerated the interior portion of the mesentery. On this account I now use a canula rounded at the edge instead of the sharp-edged canula. The operation is extremely easy of performance; I have not the instruments with me at present, but I will shew you the mode of performing it in

the next lecture. The thickness of the cyst in encysted dropsy is sometimes so great as to render it necessary to use a longer trocar than usual. A case of this kind occurred to me, in which, after having penetrated the abdomen, as I thought, on withdrawing the trocar no water followed. I thought at first that I had myself met with a case of dry tapping, but on employing a trocar considerably longer than the former, about three inches and a half in length, the water followed immediately. The operation of paracentesis used to be performed midway between the umbilicus and the spinous process of the ilium, but this practice has been abandoned for a number of years; the surgeon who first made the operation was Mr. CLINE, senior. He was performing the alteration for paracentesis in this hospital during the time I was an apprentice; when he had introduced the trocar and canula at this part, he found that a quantity of blood, which appeared to be arterial, issued with the first water. The water became more and more discoloured, and towards the conclusion of the operation, little else but arterial blood flowed. Mr. CLINE shut up the wound without concluding the operation, in hope that pressure on the abdomen would put a stop to the bleeding, but the man became extremely faint, and died in a few hours after the operation. On examination of the body after death, it was found that the trocar had passed through the epigastric artery, that artery being exposed, in consequence of the rectus being

thrown very much on one side in dropsy by the pressure of the abdominal muscles. It occurred to Mr. CLINE that many persons had died of hemorrhage after the operation for paracentesis, and Dr. CARMICHAEL SMITH made at that time a calculation of the number of cases of this kind which had proved fatal. Mr. CLINE consequently ever after in his lectures advised the opening to be made an inch below the umbilicus, where there is no vessel of any size, and no danger in performing the operation. It is right that the bladder should be emptied before the operation; you should direct the patient to make water, or if there should be any difficulty, draw it off by a catheter. Mr. CLINE was called to a lady for a complaint which was thought to be dropsy of the abdomen, and which he at first conceived to be so himself. On examination, however, he observed that the upper part of the abdomen was more free from fluctuation than the lower, and it occurred to him that there might be some deception in the appearance, on account of the distended state of the bladder. He asked the lady whether she made water freely; she replied, in the affirmative. He was not satisfied however, and upon introducing a catheter he drew off an enormous quantity of water, which had occasioned the appearance of a dropsy of the abdomen. A surgeon less cautious and intelligent than Mr. CLINE might, under such circumstances, have tapped the bladder at a part where there might have been considerable

able danger of wounding some of the abdominal viscera. The patient may either be placed in a chair during the operation, or may remain in the recumbent posture in bed, while the water is drawn off. The latter position is preferable, because it prevents the fainting and spasms which often arise, when the stomach and diaphragm suddenly lose the support of the water. You should direct the patient to turn his body over in the bed, and you may then perform the operation with the greatest possible ease. There is no necessity for a bandage on the upper part of the abdomen; pressure on the sides will be sufficient for the purpose of evacuating the water. If you open the skin a little with a lancet, the trocar will enter with more ease; you might, indeed, divide the linea alba with the lancet, but this is not necessary. The usual mode of performing the operation, is to place the patient in a high chair, with a pail or tub between his knees, the surgeon sitting in a higher chair. A sheet is crossed round the abdomen, the ends of which are held by an assistant, who presses the sheet tightly on the abdomen. The surgeon makes a small incision with the lancet, and introduces the trocar through the linea alba, into the part of the cyst or peritoneum only, according as it is ascites or dropsy. The water should be completely evacuated; if any portion is suffered to remain, it will form the nidus, if I may be allowed the expression, for a future accumulation of water. It has been recommended by a



respectable surgeon of Chichester, to leave the canula in the wound, for the purpose of exciting such a degree of irritation in the peritoneum as may prevent the future accumulation of water. Experience will not at present justify me in advising you to adopt this practice; it has been tried by a person in this town, and such irritation produced by it as led to severe inflammation of the peritoneum; and, subsequently, destruction of life. I should observe, however, that in cases where this disease has not been re-produced, marks of inflammation in the abdomen have been felt by the patient, for two or three days after the operation. In general the water re-accumulates very shortly after the operation. Persons are said to have undergone the operation for encysted dropsy of the abdomen more than one hundred times: I have never met with such a case in my own practice, but there is a tombstone in a church-yard at Dartford, in Kent, on which it is stated that the lady buried under it underwent the operation more than one hundred times. It sometimes happens that ovarian dropsy ceases to be re-produced, after the operation has been repeatedly performed. This happened in a lady who had undergone the operation two or three times in the year, for upwards of twenty years. In general the disease returns after the operation; there are very few examples to the contrary. I have known but three cases of encysted dropsy of the abdomen, where the disease has not returned; one in a young lady of seventeen,

another, in a medical man, under twenty, and another in a boy, who had an enlargement of the mesenteric gland, followed by ascites. The ovarium sometimes suppurates after the operation, and this suppuration proves destructive to life; the quantity of matter secreted in these cases is enormous. On the other hand, I have known ovarian dropsy spontaneously cured. The wife of a veterinary surgeon had a dropsy of the ovaries spontaneously cured by the adhesion of the ovaries to the umbilicus. Ulceration was produced, and the fluid contained in the cyst gradually discharged. I have known the ovarium glued to one of the intestines, and fluid discharged in a similar manner. In one of the cases to which I allude, there is still some discharge of fluid; though for a length of time the symptoms of dropsy entirely ceased. A patient after undergoing the operation for this disease will ask you whether she should drink very little. In general we answer, that the patient should drink as little as possible; but it is doubtful whether the disposition to a return of the disease is much altered by abstinence from drink. I once recommended the wife of a coachman, after the operation for encysted dropsy, to drink as little as possible, and to allay her thirst by sucking the juice of oranges. She followed this plan, but was, very soon after, again the subject of the operation for ovarian dropsy. I then recommended her to drink as she pleased: she returned to her favourite beverage, and

the oedema did not fill nearly so fast as before. This may be in some degree accounted for, as she made very little urine while she sucked oranges, but passed a great deal when she returned to her ordinary beverage. It would appear that the quantity of fluid taken makes no difference as to the return of the disease, as it passes off by the kidneys. I do not mean, however, to build any theory upon a single case.

#### *Accumulation of Fluid in the Chest.*

An operation is occasionally but very rarely performed for this disease.

I will state to you all I have been able to learn on this subject. In the first place I have never known a case in which water had collected in the cavity of the chest, in which the operation of paracentesis of the thorax has been performed, where the patients have not died. This is not surprising, because hydrothorax is the result of the disease of the thoracic viscera, disease of the lungs or heart, and the cause remains though the effect is removed. Paracentesis of the thorax, however, is not unsuccessful, when matter has accumulated in the chest. Matter is sometimes formed in the chest by adhesion, producing spurious empyema, and sometimes it is diffused through the whole cavity of the pleura on one side. The marks of accumulation of matter in the chest are, considerable pain in the side, severe fever, and constitutional irritation, cough, with difficulty of breathing, inability to lie

except on the side on which the matter is accumulating, and lastly, which you would not expect, considerable enlargement of the chest on that side. The reason of this difference in the size of the chest on the side affected is, that the accumulation of fluid prevents expiration on that side, and the ribs are unable to descend. There are other means of ascertaining the presence of fluid in the chest, to which I need hardly allude, as you have, no doubt, seen the instrument, (the stethoscope) used by a physician in this hospital. I have not had sufficient experience of this instrument to say decidedly how far it is available for this purpose. When matter has accumulated in the chest, the patient may be relieved by the following operation. You draw the skin as much as possible upwards, and cut down with your scalpel on the upper edge of the 5th or 9th rib. Having cut through the intercostal muscles by this incision, without introducing the knife through the pleura, you pass the cannula through the pleura, and it enters the chest. The matter escapes as soon as you withdraw the trocar, and after which draw the skin down: the wound closes without danger of any further inflammation beyond the adhesive. (The learned Professor proceeded to show the mode of performing this operation on the dead subject.) By this operation I have known several lives preserved. Mr. BRYANT, a brother of the surgeon of that name, recovered after the operation, which was performed by Sir R. Lawson.

the late professor of anatomy at Cambridge. The two following cases of empyema, have occurred in my practice.—I was called by Mr. M. a surgeon at Chertseyham, to see a young lady who had a considerable swelling of the abdomen in the region of the spleen. There was an enlargement of the left side, accompanied with difficulty of breathing, cough, and that constitutional irritation which is commonly called hectic fever. On examining this case I said that I thought there was a fluid, and on laying the chest bare, there seemed to be a fulness between the third and fourth rib, a little above the nipple. Upon pressing the swelling in the abdomen and putting my finger on the intercostal muscles, the fluid undulated between one point and the other. I said there was a collection of matter in the left pleura, and on making a small incision with the point of the lancet a gush of matter came from the chest. On putting my hand on the abdomen, I increased the flow most abundantly, and I then understood, what I did not before perfectly understand, that the diaphragm was pushed down by the pressure of matter from above, and that pressure upwards upon the diaphragm assisted in emptying the chest. I did not empty the chest entirely on that day, but putting a bit of adhesive plaster on it, I said I would empty it a little more the next, and I proceeded in this way to discharge the matter gradually from day to day. This young lady is now in very good health. In the last year, I saw a young lady who had a

similar enlargement of the side, attended with similar symptoms. I treated this case nearly the same, but I found a great advantage in fixing a girdle round the abdomen, which prevented the diaphragm from again descending by any accumulation of matter. With respect to spurious empyema, it is merely a common abscess, which must be opened, and treated in the ordinary way. I have only one observation to make, with respect to spurious empyema. A boy, who had been a long time at sea, and who was the subject of sea-scurvy, came to England with a swelling in his left side. I had no doubt, from its undulation during coughing, that there was matter contained in the cavity of the chest, and I was going to insert my lancet, when I observed that the boy appeared to be in very bad health. I inquired more particularly as to his symptoms, and it appeared that he had petechiæ, and that his gums occasionally bled. I gave him bark with citric acid, and as his health improved under this treatment, the matter was absorbed, and the swelling entirely disappeared.

The next subject of this evening's lecture is one which some of you may think scarcely worth your attention, and with the treatment of which you may imagine that you are fully acquainted; the complaint to which I allude is

#### *Fistula in ano.*

This is a disease in which you will be called upon to operate more frequently, perhaps, than in any other

it, a disease which is very easy to treat; it very often baffles the skill of the best surgeons. A fistula in ano will hardly ever heal of itself, after the operation is performed, without the utmost attention on the part of the surgeon. The sphincter ani is the source of the difficulty in this complaint; every time the patient has an evacuation, the contraction of the sphincter ani separates one side of the abscess from the other, and thus the process of adhesion and inoculation of the granulations is continually interrupted. Understanding this, you will see, that the principle of treatment consists in the division of the sphincter ani; if you do not divide the sphincter, you had better not attempt to treat the patient at all.

Fistula in ano is more painful than a common abscess; the patient has excruciating pain in the evacuation of his feces, dreadful tenesmus, and very often retention of urine, the pressure of the matter preventing the passage of the urine through the urethra. The causes of this disease are various; it sometimes arises from a costive state of body; frequently from the pressure of hardened feces passing through the intestines. It sometimes arises from absolutely opposite causes; thus fistula in ano is frequently the consequence of long-continued diarrhoea, producing irritation in the mucous membrane, which extends to the cellular tissue. It is often the result of some distant complaint; as disease of the liver, or dis-

blood in the mesenteric vessels, and a congestion which is determined to the anus. Persons who lead a sedentary life, take little exercise, and feed highly, are particularly subject to this disease. It is often the result of disease of the chest, and very commonly occurs at the close of phthisis pulmonalis. It is necessary, therefore, to inquire whether the patient labours under cough, dyspnoea, and whether his constitution is greatly impaired. No operation will avail without attention to the state of distant parts, and this is the reason why surgeons have so often lost their reputation by performing an operation for this complaint at an improper time. You may divide the sinus, but if the fistula depends on a disordered state of distant parts, the fistula will never heal without attention to the constitution of the patient. There is considerable variety in the size and complication of fistulae; here is a preparation in which the sinus is confined to one side of the gut; there is another in which the gut is half-surrounded, and another in which the disease completely encircles the intestine. When there is an opening on each side, it is best to perform the operation first on one side, and then on the other. Here is a preparation taken from a patient who died of this disease, which very rarely happens; the intestines and bladder are surrounded by the fistula; the rectum also is surrounded by sinuses very high up. The fistula passed to the groin, and there discharged itself; this is the most complicated case of fistula I have ever

men. The fistula sometimes extends to the nates, and burrows to a great distance behind the glutei muscles. Fistulae are called blind when the matter has made its way into the rectum, without making an opening externally; they are extremely difficult to treat. The medical treatment of fistula in ano, will depend on their cause; if they arise from costiveness, I need not point out to you the remedies to which you should have recourse; if from disease of the liver, give calomel and saline purges; if they arise from disease of the chest, as hydrothorax, I scarcely know what medicine to recommend; these diseases almost always prove destructive to life. It is of great importance to give such medicines as will bring the fistula into a healthy state. With this view the balsam of copaiba may be given with advantage; if there is much irritation, give soda, which has great efficacy in diminishing the irritability of the rectum. Aromatic medicines should be given; especially the medicine which used to be called Ward's paste, which has been very properly introduced in the last edition of the London Pharmacopoeia, having been found by experience to produce excellent effects in this disease. The composition of this paste is as follows:

Of Pepper, two drachms,  
Of champane, and fennel  
seeds, each half an ounce.

This is to be mixed up with honey, so as to form an electuary; and a tea-spoonful of it to be taken two or three times a

day. This medicine, in a very short time, brings the fistula into a healing state; healthy granulations arise from the surface, and the discharge instead of being serous or bloody, consists of good pus. Subauriate of mercury, with saline purges, should be occasionally given during the use of these aromatic confections, with a view of promoting the secretion of the liver and intestines. The operation of dividing the sphincter ani, is simple in proportion as you find a ready opening into the rectum. You introduce a small probe pointed bistoury into the fistula, pass your finger up the rectum to meet the instrument, and, carrying the point downwards, divide the intervening parts.—If the fistula is very extensive, you will be under the necessity of putting your finger on the extremity of the instrument, drawing the knife downwards. If the fistula does not open into the rectum, you must pass the instrument up the sinus till it reaches the extremity; put your finger into the rectum to meet the knife, place it along the end of the knife, and move the rectum for some little time with your finger nail, and then cutting through the cellular tissue, bring the point of the instrument into the rectum. Mr. SAVIGNY invented for this purpose a knife with two blades, one pointed, the other round; the pointed knife sliding on the side of a probe-bistoury. The objection to this instrument, however, is, that it occupies too much space; so that a small sinus will not receive it. A very copious hæmorrhage

follows the division of the intestine; you must not, therefore, leave your patient, but endeavour to stop the hemorrhage by introducing a portion of lint into the wound. No union of the sphincter will take place, until granulations have arisen at the parts of the wound most distant from the rectum. You should not change the lint for several days, but apply poultices, and merely introduce a probe from day to day, to see that there is no improper adhesion. If you were to put fresh lint immediately it would excite inflammation, and produce fresh abscesses in the surrounding cellular tissue. On the fourth or fifth, you may insert a small quantity of fresh lint; healthy granulations will arise in about a fortnight, under the treatment I have already pointed out to you; you may then apply lint dipped in a solution of the sulphate of copper.

The sore will often assume an indolent state, when you think that it is upon the point of healing. Injections are sometimes successfully employed for the purpose of healing fistulae in ano. A gentleman came to me with a very deep fistula in ano; he had been operated upon before, when a very alarming hemorrhage followed the division of the sphincter. The sinus was so deep that it completely absorbed the probe; under these circumstances, I was unwilling to perform the operation, except by gradually dividing the fistula an inch or two at a time. However, I told him that injections now and then succeeded, and I recommended him therefore to

try the effect of an injection of port wine and water. A few days after, he injected port wine alone into the sinus, and the result was that there was no further suppuration, but adhesion took place as in the case of hydrocele. His cure was thus completed without the necessity for any operation. Fistulae are sometimes cured by the introduction of a ligature, which gradually cuts through the part. A thread is passed through the sinus, brought out by the rectum and tied very tightly.—Many persons will not submit to the operation of being cut for fistula, but prefer enduring pain, much greater than any occasioned by the operation. In such cases the introduction of a ligature, will sometimes prove successful.

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#### THE FOREIGN JOURNALS, AND SIR W. BLIZARD'S HORROR OF HATS.

The *Journal Universel des Sciences Medicales*, translates from THE LANCET vol. I. p. 370 Sir A. COOPER's account of the case in which a man was successfully trephined by Mr. CEESE for compression, after having remained for upwards of 13 months in a state of insensibility. The conductors of the above Journal, express a wish that the precise part of the cranium, in which the depression was observed, should be stated, and also that the de-

facts of the case should be given, with a view to the illustration of the points connected with pathology, and the physiology of the brain. We feel confident that either Mr. CLINE, or Sir ARTHUR COOPER, both of whom have ever shown the greatest anxiety to contribute to the advancement of surgical and physiological science, will accede to the suggestion of our foreign contemporary, and enable us to satisfy his scientific queries. We cannot help feeling some degree of satisfaction, at the reflection, that THE LANCET, which, by superior activity, and extensive continental arrangements, has become an important medium of professional information, may be the instrument of essentially promoting the interests of medical science. In a few days from the date of our publication, our continental neighbours are made acquainted with all that interests or amuses the medical world in this country. They are enabled to appreciate the various talents, and accomplishments of the members of our profession, from Sir A. COOPER, whose unrivalled talents are only equalled by the urbanity of his manners;—Mr. ASSAULT, who extends our education, though he is a little too obsequious, when he consigns an emanant's eyes to perdition, down to Mr. CHEVREUIL, who preaches at the college, or Sir W. BLIZARD, who desires the members to *take off their hats*. It is as well known at the *Hotel Dieu*, as at St. Thomas's or Bartholomew's, that we have some surgeons who shed a lustre on their profession—some who *cut*, others who *re-cut*, and one who desires the members of the college to *take off their hats*. By the bye, we wish Sir WILLIAM would get a new observation; no man can say that he does not desire the members of the college to take off their hats in a manner which excites the envy and jealousy of the door-keepers; but then he repeats the thing *usque ad nauseam*. Though excellent in its way, it is not one of those brilliant efforts of which it may be said, *decies repetita placebant*;—*longe perditur* (say our neighbours) is not to be endured, and we propose it for a problem to be solved on Tuesday next, whether the proceedings at the Royal College of Surgeons can be opened in any other manner than by Sir W. BLIZARD, by the mem-

hats to take off their hats. We remember an observation of another ornament of the profession, Sir LUCAS PEPES, that if he had a failing in life, it was an overweening passion for chicken-broth. Sir WILLIAM'S besetting propensity seems to be a passion for desiring the members of the college of surgeons to take off their hats!! Let him take a lesson from an anecdote of the ancestor of the *Prince de Levi*, which shows that there is no rational, or religious foundation for such a horror of hats. The *PRINCE DE LEVI*, who piques himself on the antiquity of his family, shewed to a lady who visited him at Paris, his pedigree from the flood, and when it came to the birth of Christ, DE LEVI'S ancestor was represented as standing by the virgin and child, with his hat off, and there was a scroll from the virgin's mouth, saying,—*"Mon cousin, mettez le chapeau."*—"Pray, cousin be covered."

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DR. COPELAND,  
THE MEDICO-CHIRURGICAL SOCIETY,  
AND "THE LANCET."

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DR. COPELAND has been taking a great

pains during the last fortnight to convince his friends and the public that he is not a writer in *The Lancet*. He made a speech on this subject at the Medico-Chirurgical Society last week, which might have convinced the most suspicious of his hearers, that he was entirely innocent of ever having contributed to this publication. The speech was a most unanswerable defence against the charge of co-operation in the literary labours of *The Lancet*; and if all our readers had heard it, as we did a fortnight ago, we should deem it unnecessary to add a single word in confirmation of Dr. COPELAND'S disclaimer. Whether Dr. COPELAND is really apprehensive of the resentment of that enlightened body, the Medico-Chirurgical Society, if he should be supposed to contribute to a medical work, conducted on liberal and independent principles, or whether he is secretly desirous of being considered a contributor to *The Lancet*, and has therefore gratuitously disclaimed a participation which nobody ever imputed to him, we neither know nor care.—All we think it necessary to do is, to quiet Dr. COPELAND'S



apprehensions in the one case, or to disappoint his views in the other, by wholly disclaiming him for a co-adjutor. If there should still be any friends of Dr. COPELAND, or enemies of *The Lancet*, who persist in pointing him out as a writer in this publication, Dr. C. must ascribe it to the persevering credulity of human nature. Dr. LOLME, an unfortunate Frenchman, who knew so little of the English language, that he was obliged to procure some person to translate his book on the English constitution, was, and is suspected by many persons, of having written the LETTERS of JUNIUS. While we are on this subject we will mention a circumstance, which occurred at the Medico-Chirurgical Society at the last Meeting but one; Dr. JAMES JOHNSON, in a pathetic speech, called the attention of the Society to the dissection of his Review in the last number of *THE LANCET*, and complained particularly of the attack on his *character*, in that part of our article in which we stated that he had himself made an attempt to give reports of the proceedings of the Society. Now we were so far from meaning to reproach Dr.

JAMES JOHNSON for this laudable attempt, that we expressly adverted to the fact, as affording a favourable contrast between his character and that of his Reviewer. Dr. JAMES JOHNSON, in order to shew the improbability of this statement, read a letter from the Secretary of the Society, declaring, that to his (the Secretary's knowledge) Dr. JOHNSON had never made any such attempt. On this evidence we have only to observe, that after the repeated proofs we have given of the mendacity of Dr. JAMES JOHNSON's Reviewer, we feel satisfied as to the course which he would have taken, had he been placed in similar circumstances; he would have boldly denied that he had ever wished, or attempted in any manner whatever, to give an account of the Society's proceedings. Dr. JAMES JOHNSON's conduct on this occasion may again be honourably contrasted with that which, we doubt not, his Reviewer would have pursued. It was evident, from the pathos and solemnity with which Dr. JAMES JOHNSON called the attention of the Society to this subject, that he expected it would produce a great sensa-

tion; the Society, however, heard the call with barbarous indifference; not one of the members present uttered a single observation in support of it!

## CHEMISTRY.

We are reluctantly compelled to break the chain of our chemical papers for this week, in consequence of a disappointment we have experienced respecting an engraving of a new Thermometer, which has been constructed, and lately exhibited to us by Mr. GURNEY, in his Chemical Lectures; and which we wish to introduce to our readers in its proper place, while on the subject of the expansion by heat of æriform bodies, with which the instrument is immediately connected.

As a detached subject on chemistry, we conceive there is not a more important or interesting one than the analysis of arsenic; we shall, therefore make a few observations on this subject, and detail the best methods of detecting its presence, more particularly after being taken into the stomach, because in this case the analysis falls immediately as a duty on the professional attendant, not only to

direct his medical treatment, but in many cases to facilitate the course of justice.

The usual tests for arsenic are so equivocal, that a number of circumstances connected with its analysis, are necessary to be established before we can satisfy ourselves of its presence; more particularly when the analysis is conducted in the humid way, by tests and re-agents. These circumstances we shall detail hereafter. We shall confine our observations this week to the most desirable method of analysis, if the circumstances of the case will possibly admit of its being done, and which should always be attempted.

The white oxide of arsenic, or arsenious acid, as it is called by chemists, is sparingly soluble in the stomach, and as violent vomiting is always an attendant symptom, it is frequently discharged in the state of a powder mechanically divided, and sticking to the more solid and glary parts of the rejected matter: it is advisable therefore, in the first instance, to attempt to wash off any arsenic from matter of this kind by distilled or clean rain water, which should be added in small quantities for the purpose, and the

which stirred in such a manner that it may be effectually done, and be enabled to deposit itself at the bottom of the vessel. If the patient has rejected nothing but liquid matter, it will not be necessary to add water, but in either case the contents of the stomach should be stirred, and allowed to stand for a short time, in order that every particle of arsenic floating in the vessel may fall to the bottom. The super-natant fluid should now be carefully poured off into another vessel and preserved for further examination, if necessary. Any powder or sediment found in the bottom of the vessel should be carefully collected and examined in the following manner:—

Put the sediment on a clean piece of writing, or blotting paper, if at hand, that the super-abundant moisture may drain off; this done, dry it in a gentle heat. The best method of doing this is to put the paper with the suspected substance into a tea-saucer, and float the tea-saucer in a basin of boiling water: by this means sufficient heat will be obtained for drying the substance without danger of a sublimation of the arsenic, because the heat applied will not be sufficient for the latter pur-

pose; when it is dry, mix it intimately with about three times its own weight of Sub: Carb: of Potass, which is generally in the possession of the medical practitioner. When the suspected powder and alkali are mixed together, introduce the mixture into a clean tube of glass, about three or four inches long, which has been previously closed or sealed at one end. Take care that every part of the tube is perfectly clean and transparent, particularly just above the mixture; closely stop the open end of the tube with blotting paper, twist a few threads of worsted or cotton around the tube, about an inch above the situation of the mixture, and moisten it with a drop or two of water; wipe off any water that may adhere to the glass below the cotton, as it will perhaps occasion a fracture of the tube when the heat is applied, which should now be done by holding the end of the tube containing the suspected mixture, first at a little distance above the flame of a spirit lamp, or that of brandy or rum burning in a tea-cup, and as soon as the tube has been somewhat heated, bring it immediately in contact with the flame itself, which

should give it the greatest heat that it is capable of producing. It must be kept in the flame for five or six minutes. The cotton is now to be untwisted, and if arsenic has been present in the mixture, it will be seen lining the inside of the tube with a metallic coat, somewhere about the situation from whence the moistened cotton has been removed. The use of the cotton is to keep this part of the tube cool, that the arsenic may condense on the glass as it sublimates.

This is the only unequivocal evidence of arsenic, and as the process is simple, it should, in every case, where a sediment can be obtained from the ejected contents of the stomach, or from the stomach after death, be performed by the medical attendant; it will detect the smallest quantity of arsenic, if carefully conducted; and we strongly recommend this experiment for its detection to be made on small quantities of arsenic by every medical man, so that he may acquire not only skill and dexterity of management in operating, but become acquainted with those peculiar appearances, which can only be learnt by actual inspection and close observation. We will add,

that if he does this, he will be enabled to detect the smallest particle with certainty, whenever he has occasion to examine any substance containing it.

An appearance which will sometimes deceive persons not acquainted with the fact, and shows the necessity of practical experiment, is one which the glass blowers call "enflaming" and which is produced in the glass by a peculiar application of the flame, and may be confounded with that appearance assumed by the sublimation of arsenic. This becomes easily known by practice.

Should there be any doubt, however, of the presence of arsenic in the mind of the operator, arising from inexperience, or of peculiar circumstances of combination, with foreign matter, the tube, with its contents, must be broken in a clean mortar, and the whole boiled in a small quantity of distilled or rain water, in a Florence flask, the solution filtered through paper, and examined by other processes which we shall detail in our next, and which methods must also be employed to analyse the fluid contents of the stomach, in case no sediment can be obtained by the means above directed.

## Foreign Department.

*History of an Encysted Tumour of extraordinary size, which was successfully extirpated by L. PORTALUPI, hospital surgeon at Venice.*

[From the *Annali Universali di Omodei*. December.]

The following case presents a striking example of what surgery is capable of effecting in apparently desperate diseases; and it affords, at the same time, a brilliant instance of that intellectual discernment, on which the successful prosecution of chirurgical science essentially depends.

Towards the end of the year 1796, Signor LUIGI FENZSCH, a nobleman of Verona, perceived a small moveable tumour below the clavicle on the left side, precisely in the spot where he had a short time before received a wound from a French officer. This was at first considered to be a tumour of an adipose kind; some topical applications, and the use of mineral baths were recommended, but it continued to increase in size, until it was pronounced by Professor A. MANZONI, to be incapable of extirpation, without danger to the patient. Many other eminent professors were consulted, and all concurred in opinion, that if any surgeon were hardy enough to remove it, the moment of the operation would probably be the last of the patient's existence. Alarmed at these opinions, the nobleman thought only of the means of mitigating the inconveniences of his burthen, which continued to increase, though slowly, to an enormous bulk.

In the month of July, 1816, the Nobleman consulted a very eminent

professor, who gave an opinion in writing, that any attempt to extirpate the tumour, would be attended with the utmost danger, and advised the patient to abandon all idea of a radical cure. The patient, however, happening to be in Venice in May, 1820, was informed of a case of encysted steatomatous tumour, weighing 13 medical pounds, which had been successfully removed by Signor PORTALUPI, at the hospital di S. Giovanni, in November, 1814. In consequence of this information, he consulted Signor PORTALUPI, who differed in opinion from all the professors who had been previously consulted, and assured the patient that the tumour might be successfully extirpated. The principal reasons on which he founded his opinion were, first, the cause of the tumour, which had arisen from a wound, and not from any constitutional disturbance; and, secondly, that the tumour, though enormous, consisted of a mass of animal oil, formed merely by the disproportion between absorption and secretion, adherent to a limited portion of adipose tissue, and not destined to any other essential function than the union of integument with the aponeurotic substratum. The patient, though not indisposed to acquiesce in this advice, did not submit himself to the operation at that time; but, relying on other advice, he had an opening made in the tumour, and a spon inserted, which was soon afterwards removed, in consequence of the irritation it produced. The tumour continued to increase in size, and at length became insupportable to the patient; he was unable to walk more than a few steps, and his strength was greatly reduced. In June, 1823,

three years after his first visit, Signor PONTALUPI was again sent for; he found the tumour presenting an enormous pyriform mass, hanging down from the left side by the clavicle, and contained in a bag formed of elongated integument. Its length from

the root, taken under the clavicle, measured 20½ inches; the circumference in the commencement of the pendulous portion 27 inches, and the greatest inferior circumference measured 35 inches.



(This is a correct copy of the engraving given in Omodei's Journal.)

Signor PORTALUPI still maintained his original opinion that the tumour might be safely extirpated; but wished that a consultation of surgeons and physicians should be first held on the patient's case. At this consultation, he stated the grounds on which he held this opinion with great ability.—The following were the objections urged against the operation:—

1. Excessive hemorrhage.
2. The malignant nature of the tumour.
3. The possibility of the wound passing to a cancerous condition.
4. Immoderate suppuration.

All these objections were discussed and answered with great skill and acuteness by Signor PORTALUPI; his argument affords an admirable specimen of the application of sound medical logic to a case in which the propriety of surgical operation was doubtful. We regret that our limits do not permit us at present to give the whole argument, but we will endeavour to find space for it in a future number. The opinion of Signor PORTALUPI ultimately prevailed; and that surgeon performed the operation for the radical extirpation of the tumour, on the 26th of June, in the short space of 8 minutes. The operation presented no difficulty; no blood vessel of any size was met with, nor was any artery divided which required a ligature. The tumour weighed 32 medical pounds; there was no appearance of vascular tissue, nor any collection of fluid in the interior; the whole mass consisted of a quantity of soft fat towards the root, becoming gradually harder as it descended, and of a stony substance at the extremity. The cure of the patient went on in the most favourable manner; the wound healed rapidly by the adhesive process, so that in 10 days after the operation, notwithstanding the large surface exposed by the operation, only a limited portion of the wound remained unhealed, which was brought to a cicatrix in the course of 7 weeks, the patient having, in the mean time, recovered in a great degree his former strength, and being enabled to enjoy existence, after so many years of suffering from a disease which was supposed to be incurable.

#### ROYAL ACADEMY OF MEDICINE AT PARIS.

Sitting of Jan. 15.—M. DUBOIS said he should present to the Academy at

the next sitting, a young girl, the subject of rachitis, who was only 27 inches high, and seven months advanced in pregnancy. M. DUBOIS, in remarking that Professor MAGNAN had never found the Cæsarean operation succeed; added that on opening the body of a woman on whom this operation was supposed to have been performed, he found no cicatrix in the uterus, from which he concluded that only simple gastrotomy had been performed, the rupture having probably taken place at the union of the vagina with the uterus.

Sitting of Jan. 29.—On this day the young woman above alluded to, was produced, and examined by the members of the Academy. The vertebral column exhibits a marked deviation—convex towards the left side; the pelvis approaches near the shoulders; and her legs are so short, that when she stands up, she rests nearly on the feet, and nates at the same time; the exterior organs of generation are in a perfect state of development, such as is commonly observed in young women of the same age. A discussion took place on the operation which would become necessary in the delivery of this woman; the majority were of opinion that the Cæsarean operation would be indispensably necessary, as the antero-posterior diameter of the pelvis did not exceed two inches and a half. *Archives G<sup>en</sup>erales de Médecine, Feb.*

#### MIDDLESEX HOSPITAL.

(Guy's, St. Thomas's & St. Bartholomew's Hospitals.)—No operations have been performed at either of these institutions during the present week.—The Cases mentioned in our last will be continued in our next "Lancet."

#### Continuation of the Case of W. CARRICK, Page 396. Operation

The assistant surgeon, pinching up the integuments over the neck of the sac, the surgeon divided that part with the scalpel, when it was found that an incision had been accomplished, which extended obliquely across the neck of the sac, and directly over the ring. The fascia superficialis was now raised by the forceps, and dissected back; other layers were lifted in suc-

cision, by passing the directory under them. At length, the upper pillar of the ring was made distinct; under this, and of course between it and the proper neck of the sac, the directory was passed; the preperforated bistoury, was then passed along the groove of the directory, and the edge of the pillar cut across. The finger was then introduced, and the protruded portion of intestine returned to its proper cavity which was very easily effected, and afforded instant relief. As the hernial sac was not divided the state of the intestine could not, of course, be ascertained. The edges of the wound were then brought together and secured by a suture, with the usual dressings and bandages. On his removing from the table he had a shivering fit, which lasted about ten minutes.

A draught of the Mist: Camphora was given him, and an enema shortly afterwards.

R: Extracti Colocyathidis Compositi gr. viij.

Hydrargyri Sublimatis gr. ij. fiat pilulae duae tertis horis donec alvus responderet sumendus.

16. Has had copious alvine evacuations during the night—Pulse 104, and weak—Pain and tension of the abdomen, with nausea and vomiting—Skin moist—Tongue a little furred—Thirsty and restless.

Hæmorrhies in abdomen, postea solis et induræ appendices.

A few of the pills were again given him.

17. Has had several mucous evacuations, mixed with

blood, during the night, and fore part of the day—Pulse quicker than yesterday, and more feeble vomiting still continues, with great anxiety and dejection of mind. The wound, however, looks extremely well, and the tenderness of the abdomen is in some degree mitigated.

Imponatur emp: Cantharides abdomini.

R Carbonatis ammoniac, gr. ii. Spiriti ætheris sulphurici, ʒss.

Tinctura opii. m. v. Confectionis aromaticæ, gr. i.

Mistura Camphoræ, ʒss. fiat haustus tertis horis sumendus.

The stomach rejected the first draught; the second was, however, retained, and in the evening he was more composed and comfortable.

The operation was performed by Mr. CARTWRIGHT

March 18.—Has vomited a quantity of stercoraceous matter during the night. Pulse, 104, and rather weak. Skin moist; bowels rather relaxed; tongue tolerably clean. The state of the abdomen could not well be ascertained on account of the blister. The incision has nearly united by adhesion, and looks extremely well. The vomiting during the morning has been almost incessant, with great dejection of spirits, restlessness, and anxiety.

R. Haustus Tartratis Sodæ, ʒ ii.\*

Tinctura Zingiberis, ʒss.

\* This draught made with carbonate of soda and tartaric acid, and drank while in the effervescent state.



Tincturæ opii. m. v. 4'tis horis.

In the evening another blister was applied over the epigastric region and abdomen; the former not having risen sufficiently.—Pulse 116, and rather fuller; has not vomited the last medicine. A laxative powder of calomel and rhubarb was given him, which procured one stool during the night.

March 19.—Pulse 114, weak and inelastic; skin moist; tongue a little furred; a dose of castor oil was given him, and the draughts were continued. In the evening he was very restless and uneasy. Pulse 130, weak and wiry; there was a great tenderness over the lower part of the abdomen, to which a blister was applied. His alvine evacuations (of which there were several) were dark coloured, liquid, and offensive. Skin moist,\* and tongue covered with a whitish fur; the patient at this period was excessively thirsty, and swallowed liquids with great avidity. Late in the evening the stomach rejected some weak broth which had been given him; stercoraceous vomiting soon followed, which during the night became almost incessant, and towards morning a soporose or comatose state succeeded. Died about 9 o'clock a. m., the 20th ult.

The body was examined about 28 hours after death in the presence of several pupils. On

\* This was the case throughout; but whether the skins of negroes are such nice indices, as those of Europeans, we do not know. The fact, however, in the present instance, was as above stated:

laying open the abdomen, no particular appearances were observed, but on following the course of the intestines, from the stomach downwards, several morbid changes presented themselves. The stomach itself appeared to be quite healthy; about the centre of the jejunum, there was a portion of the intestines of a dark livid hue, which however, was not lacerable, although its colour indicated the presence of gangrene. Continued from the jejunum, there was a small band of inflammation, extending to about the middle of the ilium where it was of a deeper colour than the former, and measured nine or ten inches. There was a slight blush on the peritoneum lining the lower part of the abdominal muscles. There were no appearances of inflammation in the sac, and although it was very much thickened by the constant wearing of a truss it did not exhibit any signs of recent inflammation, and from the large size of its cervix no stricture could have existed there. The glands of the mesentery were slightly enlarged; the large intestines were quite natural.

In addition to the above the following remarks may be made:—

1. That from the immense size of the hernial sac, the surgeon was justified in not dividing it, or a very troublesome portion of the contents of the abdomen might have protruded through the opening.

2. The stricture existed at the external abdominal ring, and no where else.

March 25.—An old woman was admitted a few days ago with femoral hernia, which had been strangulated several hours. It was reduced by the taxis with the assistance of the warm bath. She is doing well. W. Brummidge, whose case was described in a former number, was yesterday discharged, he does not appear to have any bad symptoms at present.—A few other accidents have been admitted, which however, do not require a more particular notice.

*Continuation of the Case of WILLIAM ROBERTS, Vol. 2, Page 332.*

March 9.—All the symptoms of this man's case which were for some days extremely favourable; have within the last 48 hours suffered a very considerable and sudden change. The abdomen which had previously been free from uneasiness, now became acutely painful and sore on pressure. The patient lay in a sluggish inactive state, with great dejection of spirits. Pulse quick and weak, about 130; tongue furred; respiration frequent and oppressed. The hic-cough which was present from the commencement, still continued but with diminished frequency and energy, as the symptoms already described became more urgent. His skin was rather more than naturally moist, and a colliquative diarrhoea harassed and depressed him.—Blisters were applied to the abdomen but without any sensible relief, and the diarrhoea resisted the combined influence of the cretaceous absorbents, aromatics, catechu, and opium. These symptoms continued to increase,

his head suffered at last, and the patient became listless, stupid, comatose, and died about 5 o'clock, p. m.

On examining the body, it was found, that suppuration had taken place in the abdominal muscles, which extended principally from the umbilicus towards the right groin. An ulcerated hole was observed in the linea semilunaris of the right side. The peritoneum was white and dense generally.—Near the hernial sac, under the collection of pus, in the muscles, the peritoneum adhered firmly by strong layers of coagulable lymph to the intestines.—These latter were for the most part pale and empty; at some places inflamed patches were visible, especially in that portion which adhered to the peritoneum. A mass of intestine was knotted together near the mouth of the sac. This mass was much larger than could correspond with the portion of intestine that protruded. Both on the surface of the proper peritoneum, and on the peritoneal coat of the intestines there were masses of coagulable lymph of considerable size and irregular form, adhering. In the sac itself there was nothing remarkable; it did not appear to have been the seat of inflammation. The omentum was but little altered excepting on its edge, where it was discolored and black. There was a red tinge of inflammation surrounding the pyloric orifice of the stomach. The suppuration in the abdominal muscles pointed outwards and not to the peritoneum.

Upon a review of the whole,

the fallacious and insidious nature of these affections, were never more faithfully conspicuous than in the sequel of the history of this man's case.

The whole subject seems to furnish an useful lesson to the practitioner, and much instructive matter for the consideration of the pathologist. It proves furthermore, that inflammation may exist in a state of chronic debility (so to speak), may proceed with a concealed or smothered flame, and may be followed by the same destructive symptoms — by the like speedy and fatal consequences, as most usually result from the more vehement and rapid progression of inflammatory excitement. These affections have accordingly been described by the continental writers\* under the names of occult, apyretic, and anodyne enteritis, &c.

It may be further remarked that the suppuration in the abdominal muscles pointed outwards and not to the peritoneum, which seems to be an almost universal law of nature to determine the abscess to the external surface, where it is least likely to endanger the safety of the sufferer. It is not probable therefore that this suppuration in the abdominal muscles accelerated in any material degree, the death of the patient. Of the nature of the inflammation in these muscles, there cannot be the shadow of a doubt, as also its comparative innocuousness — the real seat of destructiveness, the insidious and deceptive cause of death resided in the intestines themselves and

in their membranes, where it assumed the *erythematic variety* of inflammation without being in any way accelerated, retarded, or modified by the superjacent affection. "If the peritoneum," says Mr. HENRY, "which lines the cavity of the abdomen inflames, its inflammation does not effect the parietes of the abdomen; or if the peritoneum covering any of the viscera is inflamed, it does not affect the viscera. Thus, the peritoneum shall be universally inflamed, as in the puerperal fever, yet the parietes of the abdomen, and the proper coats of the intestines, shall not be affected. On the other hand, if the parietes of the abdomen or the proper coats of the intestines are inflamed, the peritoneum shall not be affected." Or, in reference to the case before us, the inflammation in the abdominal muscles, did not produce the inflammation of the viscera, nor vice versa — the two affections being totally independent of each other, and diametrically opposite in their nature, in their disposition to attack particular organs or parts, in their symptoms and progress, their terminations and appearances, after death.

Another characteristic of this species of inflammation is, peculiar tendency to *fix itself on the external coats of the intestines*. The pyloric orifice of the stomach was covered with a red tinge of inflammation — its migratory disposition therefore should not be overlooked, as it differs materially in this respect from the suppurative variety. — "There is," says the same illustrious author, "an inflammation

\* Piquet, *Initia*, vol. 5, 708.

which attacks internal canals which is classed with the erysipelatous; but how far it is the same I do not know. It is certainly not the suppurative. Whatever it is, it may be considered, in some of its effects, to be in direct opposition to the adhesive and suppurative inflammations; for where the adhesive most readily produces adhesions there the erysipelatous does not, as in the common cellular membrane; and where the adhesive seldom takes place, excepting from extreme violence, there this inflammation (if erysipelatous) has a tendency to produce adhesions, as in canals and outlets. It also opposes, in some degree, the suppurative, it being backward in producing suppuration even in these places where suppuration most readily takes place, such as canals and outlets; for there, as above observed, it most readily throws out the coagulating lymph. Whatever the inflammation may be, it is certainly attended with nearly the same kind of constitutional affection. The fever in both appears to be the same, viz. accompanied with debility and languor.

Finally, the species may, in some degree, depend upon, or be determined by, the previous state of constitution, or particular idiosyncrasy of the individual, by which one person may be rendered more obnoxious to this variety than another, or be more liable to be thus afflicted at one period than at another.

March 21.—A man was admitted about a week since, with a dislocation of the first joint of

the thumb backwards, the first phalanx being thrown behind the head of the metacarpal bone, although repeated attempts have been made to reduce it they have not, up to this period, been successful. The inflammation was considerable at first, but has since been reduced and kept down by a lotion of acetated ammonia and rectified spirits.

A few cases of simple fracture have been admitted this week, together with some other accidents undeserving a more particular notice. A coachman was admitted who had fallen from his box, and who died a few hours after his admission, but as no post mortem examination has hitherto been made, we shall postpone the further notice of this case till our next number.

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*Extraordinary Case of loss of the faculty of Speech, successfully treated by FREDERICK BASSET, Esq. Member of the Royal College of Surgeons in London.*

*To the Editor of The Lancet.*

SIR.—On Thursday the 6th of this month I was requested to see a young lady, eighteen years of age, and a full plethoric habit of body, who had lost her voice in June last, upon enquiry I found, that at that time, from excessive grief and anxiety, she had had a paralytic stroke, which deprived her for some hours of the use of her right side; a medical gentleman was sent for, who attended her for some time, and restored to her the use of her limbs, but not of the

organs of speech. She was then removed into the country, where also she was regularly attended by a professional man, and Dr. BABINGTON, there also saw her, and decided the case to be a complete paralysis of the tongue, and I believe was the one who advised galvanism, which was several times performed by Mr. LABANMA of Southampton Street, without producing any beneficial effect. It was some time subsequent to this that I saw the patient, and upon examination found Dr. BABINGTON's opinion of the disease perfectly correct, and that the paralysis extended to the muscles of the larynx. The tongue was drawn to the posterior part of the mouth, appeared very white, and with a very feeble circulation through it, quite insensible to the prick of a needle, and perfectly immovable.

I ordered a mustard poultice to be applied to her throat every night, to inhale the steam arising from boiling water, having some flour of mustard in it\*; to take one pill composed of extract. colocynth. c. gr. v. & hyd. submur. gr. j. every other night, and to gargle the throat and mouth with the following mixture, five or six times a day:

*R* Infus. sinapis, 3 viij.  
*Tinctur. capsici*

— Myrrhæ aa 3 j. ft. gargar.

She began this treatment on the day following (Friday) and

\* Four or five times in the course of the day.

I saw her again on the Monday after. She was the same, except the tongue looked a little more vascular. I altered the gargle as regards the infus. sinapis to the infus. armoracise compos\*, and desired her to continue the same plan with this exception. On the next Thursday I again visited her, when I found the tongue much more red, and appeared to have every now and then a tremulous motion. I ordered her to continue as before, and on the following Monday, when I called, was both surprised and delighted to be accosted by her with "Good morning to you." Upon requesting to know when and how this change took place, I was informed that on the morning after I saw her, she awoke and found her tongue hanging out of her mouth, upon rubbing it she felt it give her pain, and upon attempting to speak, found she was capable of doing so nearly as well as before the attack.

This young lady is now perfectly well, and articulates better than ever, having lost an impediment which had existed from her infancy.

FREDERICK BASSET.

\* I forgot to mention I ordered her some lozenges, made as subscribed, and to dissolve four or five in her mouth in the course of the day—

*R* Pulv. capsici 3 ij.  
Zingiberis 3 ij.  
G. Acacie 3 ij.  
Sacchari 3 iij.  
Esprit de Rose 3 j  
Sant Treches lx.

# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital,  
Wednesday Evening,  
March 31st, 1824.*

### LECTURE 46.

I shall in this evening's Lecture, gentlemen, shew you the operation of castration, but before doing this, I shall describe to you the diseases of the testicle which render such an operation occasionally necessary.—The first disease of the testicle which I shall describe to you is that in which hydatids, or cysts, are formed within it. This is a disease of not very unfrequent occurrence; it affects the young rather than those who are advanced in years. It begins at the extremity of the epididymis where it joins the testicle; there is an enlargement of the part which extends through the epididymis towards the vas deferens. It extends from the epididymis to the body of the testicle, which is considerably swollen. The disease is entirely unattended with pain, unless it acquires a very considerable magnitude. The spermatic cord is a little varicose, but not hard; the spermatic veins are large

usual. There is very little inflammatory tendency, as the patient can bear the part to be roughly handled without pain; at the first glance the disease bears very much the character of hydrocele. There is very little difference in the state of the spermatic chord, except that it is somewhat more vascular than usual. The disease is confined to the testicle and epididymis, and there is no instance of its having extended to the spermatic chord or any other part of the body. It generally attacks young persons between the age of seventeen and thirty; the most advanced age at which I have seen it is thirty-eight; it affects persons therefore at that period of life at which they are most anxious that their parts should be perfectly free from disease. The nature of this disease as it appears on dissection is strikingly illustrated in a beautiful preparation on the table; you will there see bags of various sizes formed in every part of the testicle; the smallest not larger than a pin's head, and the largest about the size of a marble. The cysts consist of cellular tissue, not of glandular structure; the testicle is entirely obliterated, every portion of the seminiferous tubes being absorb-

ed by pressure. A great number of hydatids contain water only; others, water tinged with yellow serum, others opaque mucus which, when the cyst is opened, is found adhering to its inner side. The operation of castration is sometimes required for this disease on account of its magnitude; the patient is unable to conceal the disease, is incapable of going into society, and will frequently himself entreat that the operation may be performed. It is not on account of the pain that the patient suffers, or any apprehensions that the surgeon need entertain, but on account of the inconvenience to which a patient is exposed, that the operation is usually performed. The constitution of the patient is entirely unaffected by the complaint; indeed I have generally seen it in patients enjoying the most vigorous health. A man in perfect health in every other respect will come up from the country to have the operation performed, and return immediately after it to his accustomed avocations. I am not aware of any instance in which the disease has returned after the operation, either in the spermatic chord or in the other testicle. The disease is entirely local and unattended with danger.

#### *Schirrus of the Testicle.*

The next disease of the testicle to which I shall direct your attention is schirrus, similar to that which attacks the breast. True schirrus of the testicle is an extremely rare complaint, and I am afraid, many testicles have been supposed and

supposition of their being schirrous, which might have been saved. I have seen but very few instances of true schirrus. A truly schirrous affection of the testicle begins in the body of it, with an extremely hard swelling, which may immediately inform the surgeon of the nature of the disease. It feels like a marble body lodged within the scrotum, and it is tuberculated on its surface. It sometimes begins in the centre of the testicle, and gradually extends until the whole testicle is involved in the disease. The epididymis next becomes the seat of the disease, that portion being first attacked, which communicates with the vas deferens. The spermatic chord becomes enlarged, and tubercles of various sizes form upon it. After the spermatic chord has become enlarged, a hard tumour forms beneath the emulgent artery, which may be felt through the abdominal parietes. In true schirrus the testicle does not become enlarged to any considerable size. After the swelling in the loins, the thigh becomes enlarged and edematous on the side of the disease; this arises from the obstruction to absorption in consequence of ulceration; the pressure from the veins may also have influence in producing this effect. In the former disease which I noticed, I observed that the general health of the patient was not affected; but this is not the case in schirrus of the testicle. The countenance of the patient undergoes a remarkable change; it is yellow, sunk, with a fixed, terminating complexion in

the cheek. When you walk through the wards, and observe a patient greatly emaciated, with this fixed redness of the cheek, the rest of the face being extremely sallow, you may almost conclude, from these appearances, that he is labouring under some schirrus, or cancerous affection. This disease differs also very much from the last, in being attended with excruciating pain, which becomes more intolerable as the disease advances. It is generally from a year and a half to two years before the disease destroys the patient.—When you cut into a swelling arising from this cause, you will find it composed of a considerable number of lobes; cartilaginous substances, and earthy matter are frequently deposited in the testicle. (*The learned Professor exhibited a preparation illustrating these appearances*). Such is the character of true schirrus; it attacks persons at an advanced period; in general between sixty and seventy years of age, seldom under fifty-five years. There is a preparation in which the tuberculated character of the disease is still more manifest than in the last. The operation for this disease is extremely unsuccessful; it rarely happens that the disease does not return after the removal of the schirrus testicle. This may arise in some measure from the late period at which patients usually apply for relief. If the spermatic chord has not become enlarged, you may, by giving the patient alterative medicines for a length of time, succeed sometimes in preventing the return of the disease after the operation: it is, however, an operation which is in general even less successful than that for schirrus tubercles of the breast. I have never performed the operation after the spermatic chord has become enlarged, because I know that the disease will be sure to return. I was once going round the other hospital, when I pointed out a man who had scirrhus of the testicle, with an enlargement of the spermatic chord, and observed that the patient would probably die from the operation if it were performed, and that if he did not, the disease would certainly return. There were some foolish young men present, however, who thought the man might be saved by the operation, and one more foolish than the rest took a lodging for the man at Blackheath, where he performed the operation, from which, it is scarcely necessary to add, his patient died. If it were not for the compassion which one feels for a patient under such circumstances, we might be induced to say that such a result was a proper punishment of his presumption. Presumption, gentlemen, is the offspring of folly, and it commonly happens that a young man who thinks himself an exceeding clever fellow, is a particularly egregious blockhead. (a laugh). It was observed by one of the greatest philosophers of antiquity, at the close of a life devoted to the acquisition of knowledge, that all he knew was, that he knew nothing; and if we consider, gentlemen, the amount of intellectual acquirement, as compared



with the knowledge which is either unattainable, or which the human faculties have not yet reached, the observation of the philosopher is strictly true. A man of real ability, instead of pluming himself on the extent of his acquisitions, will, in proportion as he advances in life, lament that there is still so much of which he knows nothing. To return, however, from this digression, what I advise, gentlemen, is, that you should never perform the operation of castration, when you find the spermatic chord affected at the abdominal ring.

#### *Fungoid disease of the Testicle.*

This disease is much more common than the last; it begins, like the true schirrus, in the body of the testicle;—but unlike that disease, it almost immediately affects the whole body at its first commencement. In a very short time the epididymis becomes affected; next the spermatic chord; and the loins have a tumour formed in them in the course of a very few weeks. The disease is at first unattended with pain, but when the spermatic chord and the tumour in the loins become of great magnitude, the patient suffers considerably. In this respect it differs from true schirrus, in which the swelling never attains any great size. The fungoid swelling of the testicle sometimes increases to the weight of eleven pounds; the appearance of the surface is somewhat livid; the spermatic chord is loaded with blood, and in some parts you may feel a fluctuation as if there

were a cyst within it; it becomes covered with tubercles of considerable size. The tumour has a soft, pulpy feel, readily yielding to pressure; and on the first examination you might suppose the disease to be hydrocele. —I have known it frequently punctured on the supposition of a fluid being contained in it, when nothing but a little blood has followed the operation. It may be distinguished from hydrocele in the following manner:—In the first place, it is flattened on the sides, and round on the fore part, whereas in hydrocele it is pyriform;—if you squeeze any part of the fungoid tumour, the patient will complain of the pain arising from the compression of the testicle, which he will not do in hydrocele, unless you squeeze the posterior part of it; the fungoid tumour rather yields to the pressure of the finger, than fluctuates from one side to the other, as in hydrocele; and lastly, the great weight of the swelling when you lift up the sides, and the livid appearance of the scrotum, mark the malignant character of this disease.

The disease often occurs in young people at about the age of puberty;—I have seen it in one instance, in a child four years old; I shewed you the other evening the testicle of this child, which was loaded with tubercles. The period of life at which it may be said usually to occur is between the age of 17 and 35. The disease is not confined to the testicle, but affects other parts of the body in a great variety of situations. It differs from schirrus

chiefly in the swelling being of a soft kind; indeed it has been termed soft cancer, for it is in many respects, though not precisely, of the same nature with schirrus. If you take blood from a person under this disease you will find it so attenuated, that it will hardly coagulate; and if you have an opportunity of seeing the adhesive process, you will find the inflammation scarcely supporting blood-vessels; what few vessels are pushed through the part assume the appearance of fungus. If you inject a fungoid testicle you will find it in some parts vascular, while in others blood-vessels are not received. On dissecting it you will find a portion occupied by blood not very firmly coagulated, and a portion by adhesive matter poured out by inflammation, which resembles brain in a putrid state; in a part of the swelling will be found cysts containing a serous fluid.

The schirrus and fungoid tumours are the only malignant diseases to which the testicle is subject. The operation may be performed with a hope of success, if the patient be entirely free from other complaints, but in a great majority of the cases which I have seen, the disease has returned. Here is a preparation taken from a patient in whom the disease did not return: in this case the disease was in the earliest stage in which I have seen it. There are in general tubercles of a fungoid character in other parts of the body, which destroy, notwithstanding all that can be done by alterative medicines, after the operation. We may sometimes

prevent the disposition to the formation of this disease by giving alterative medicines, but no medicine with which we are acquainted has any power over it, when it is once formed. Do not, therefore, go over the same treatment which experience has shewn to be ineffectual, but try amidst the great variety of new powers with which the discoveries of modern chemists have furnished medicine, whether some of these new substances may not have a specific effect in this disease. I do not mean to say, that by giving alterative medicines, so as to improve the general health, you may not prevent the disposition to the formation of the disease, but that schirrus and fungoid diseases are specific actions, which when they are once engendered in the constitution, we know of no medicine to counteract. He who says we do, is an empiric, and an impostor.

Having mentioned these two diseases which are in a great degree uncontrollable by our profession, I will now call your attention to a complaint which is often mistaken for them, but which is extremely curable—I mean a complaint which may be called the chronic enlargement of the testicle. You may say the other diseases are chronic: true, they are chronic, but then they are specific diseases. The disease to which I now allude, I shall call the simple chronic enlargement of the testicle. It often happens that a person consults a surgeon under the following circumstances: He comes to you with a consi-

double enlargement of his testicle, which feels extremely hard, and which you might suppose at once to be schirrus. Upon your inquiring whether he has any other complaint, he will tell you that he has occasionally had symptoms of a syphilitic kind. Whether he has taken mercury? Oh, yes, he will say, a good deal, and probably that this disease began while he was taking mercury. Whether he has any disease in his urethra? he will perhaps say that he has some stricture, or he may say that he has no obstruction whatever. Having made these enquiries, and received such answers, you may say to the party, "Follow my advice implicitly, sir, and I promise you that this enlargement of the testicle shall be removed; and in the course of a few weeks you will be quite well." He will be delighted at hearing this, or he may be disposed to doubt whether you will be able to succeed. You must, in the first place, strictly enjoin him to keep the recumbent posture; without a strict adherence to this, it will be impossible to effect his cure; it is absolutely essential to his recovery. You must apply leeches, and evaporating lotions to the part, and desire him to take three or even five grains of opium night and morning. If he does this the enlargement of the testicle will subside in the course of five weeks. This disease is of a similar nature with that which attacks the eye, which has been called iritis, and requires the same mode of treatment. It occurs in constitutions which have been injured by in-

temperance and over-exertment; it would increase until the testicle was entirely destroyed, unless you prevent it by the means I have just pointed out to you. The patient will probably ask whether you mean to salivate him; tell him he must have his mouthwell affected, so as to produce a considerable discharge of saliva, and shew that the mercury has acted on the constitution.

Apply leeches to the part occasionally, and evaporating lotions, as the liquor ammoniæ acetatæ, and spirits of wine.—Do not on any account attempt to introduce a bougie, even though the irritability of the urethra should be the source of the enlargement. The introduction of a bougie at first would only add to the irritability of the urethra: wait till you have altered the constitution by the means I have pointed out, and the swelling of the testicle is considerably reduced, and then but not till then, you may resort to the use of the bougie with advantage. I will tell you a case which made a strong impression on my mind. An officer in the Peninsula had a chronic swelling of the testicle, for which he consulted surgeons, and he was at length told that there was no hope of a cure except by removal of the testicle. He submitted to the operation, and resumed his professional duties. Eight months after the remaining testicle became enlarged; he was exceedingly alarmed, surrendered his situation, and came to this country for advice. He applied to myself and two other surgeons; we had a consulta-

tion on his case, and our opinion was, that there was no necessity for removing the other testicle. All he was advised to do was, to keep his scrot steadily, to take nitrate till his mouth became sore, and to apply stimulating lotion to the part. In five weeks the swelling subsided; and in six weeks this gentleman was perfectly well. This chronic enlargement of the testicle very rarely requires an operation, if treated in the way I have now stated. When I commenced my profession I had no more idea but that the testicle required removal than any other surgeon at that time. I have seen a great number of them removed, and I confess that I have removed many myself: but if I were to do so now, I should be guilty of a great crime, for it is a disease which readily yields to the medical means which I have pointed out. There are several preparations on the table of testicles taken from persons under this disease, before the efficacy of this treatment was ascertained; one of them, I am sorry to say, by myself. There is a species of chronic enlargement of the testicle, however, which requires the operation, as large abscesses are sometimes produced by it, which occasion great pain, so that the patient himself becomes anxious for the removal of the testicle. Fungoid granulations spring from the surface of these abscesses; they are not of the true malignant (ungoid kind, but they resemble the granulations which spring through the dura mater, in consequence of injury to the brain. Even in this case, how-

ever, the granulations may be cut off from the surface, and the integuments brought together, so as frequently to render the removal of the testicle unnecessary. Mr. TRAYNES has cured a case or two of this kind by the pressure of adhesive plaster. I have seen cases cured by sprinkling powdered sulphate of copper, or nitrate of silver on the part. The irritabile testicle is a very formidable disease, and, as far as I know, has not been described in surgical books. This complaint generally resists all the means which may be employed to subdue it; and I have, in three instances, been under the necessity of removing the testicle. The pain is so exceedingly tender that the patient cannot bear to walk, as the pressure of the testicle gives him excruciating pain. The moment you touch the part, the patient shrinks from you, and complains of dreadful pain, which will last for hours after. The pain passes up the spermatic chord, to the loins, entering along the nerves of the thigh. It may be relieved for the moment, by medical means, as by giving this blue pill with hyoscyamus, but it generally returns, and will continue for months, and even years. The patient lies on his side from morning to night, and is wholly unable to pursue any occupation. I once asked a medical man who was labouring under this complaint, whether he found it absolutely impossible to exert himself, and he told me he should have been extremely glad to join the regiment to which he was surgeon, but he found it utterly impos-

ble. In three cases, as I before stated, I have been under the necessity of removing the testicle for this disease. The first case was, that of a gentleman who came from Charleston, in South Carolina, with this disease, to try the effect of a change of climate. The part was so excessively tender that he could not bear the slightest handling, and he even dreaded the slightest motion. He confined himself to his chamber for a considerable length of time; I tried a great variety of means, until I grew tired of him, for I confess, gentlemen, that when a disease does not yield readily, I am apt to take French leave. (a laugh.) He applied to Mr. ASBURNETH, who attended him for a considerable time, and then to Mr. PRANSON, who kept him also for a very great length of time. Being no better for the advice he had received, he came back to me again; I advised him to go to Margate, and try the use of the warm bath. His general health was improved by the sea-bathing, but he chose to come home in one of the Margate coaches, and the consequence was, that by the time he reached Blackheath, he was incapable of travelling any further. He was put to bed at an inn on Blackheath, where he remained a long time before he was able to proceed to London. He at length made up his mind to submit to the operation before returning to Charleston, and I removed the testicle. He soon recovered from the operation, and I have had the pleasure of hearing, that since his return to Charleston he has taken to him-

self a wife, who has produced him several children. The second case was that of a gentleman who had been a long time the subject of the complaint, and who, after submitting to the operation, got perfectly well. The third case was that of the surgeon to whom I just alluded, and who insisted on the operation being performed. The degree of suffering to which a patient is exposed from an irritable state of the testicle can scarcely be conceived; it is for the most part unmanageable by medical treatment, but will, after a great length of time sometimes wear itself out. Mr. WARDROP, a surgeon of Liverpool, once observed to me, in consulting upon a patient's case, that he had an idea of cutting down on the spermatic chord, and dividing the nerves which went to the testicle. Whether he ever put his idea in practice, I know not; it was at any rate ingenious, and shewed his knowledge of anatomy.

#### *The operation of Castration.*

This is one of the most simple operations in surgery. You grasp the testicle in your left hand; begin your incision at the upper part of the abdominal ring, and extend it to the lower extremity of the testicle. You must not leave any part of the scrotum undivided, because if you make the opening by which you draw out the testicle from the upper part of the scrotum, a bag of matter will form at the lower part, which will prevent the healing of the wound. Lay bare the spermatic chord com-

pletely at the abdominal ring; and put a needle and ligature through it and the artery of the vas deferens. Some say this is a work of supererogation; but it is not so, because if you omit it, it often happens that when you divide the chord, it is drawn within the abdominal ring by the action of the cremaster, and you cannot get at it without slitting up the abdomen. This once happened during the operation of castration, at which Mr. CLINE, senior, was present. The surgeon had removed the testicle, and when he came to secure the vessels, the spermatic chord could not be found. Mr. CLINE brought the spermatic artery into view, by slitting up the abdominal ring. Having divided the chord, you draw it towards you, and detach the cellular membrane behind it; in this consists the whole of this very easy operation. The spermatic artery, and the artery of the vas deferens are all that require to be secured in the chord; in the scrotum there are several which require to be secured. I shall in the next lecture proceed to the amputations.

#### LECTURE 49.

*Thursday Evening, April 1.*

*On the Different Amputations.*

Operations are now much less frequently performed than they were in the days of our ancestors, owing to the great improvements which have taken place in surgical science. Many of the diseases which were for-

merly considered incurable can now be easily cured by modes of treatment corresponding with our increased pathological knowledge. Many accidents, for example, where the parts are much lacerated, and for which the ancients would have operated, we leave to nature, by whose influence the different reparative processes will be set in action and the injured limb restored to health and utility. When amputation is necessary, nature will occasionally even perform this operation unassisted by art; in mortification of the feet it often happens that the leg will be amputated by nature as effectually as though it had been accomplished by the amputating knife. At Guy's Hospital there is at the present moment a case of this description. You have seen, in the case which I allude to, first, a division of the skin; then the division of the muscles shorter than the skin, and lastly, the division of the bones; the fibula has already separated, and the excision of the tibia is rapidly going on. Nature in this case if left to herself, would, without doubt, accomplish the amputation of the leg, but the safety of the man requires, I think, that the remainder of the bone should be divided by the saw, for if this be not done, the long continued excitement may wear out the powers of the constitution.

Diseased joints used very frequently to lead to the performance of amputation, in the young as well as in old age; but amputation is much less frequently performed at the present day, in

consequence of such disease, than some years back; even diseases of the joints of the upper extremities of children give rise to amputation much less frequently than in the days of our forefathers, but in chronic diseases of the ankle and knee, amputation is still very commonly performed; there is, however, a marked distinction in these chronic enlargements; one variety may be called congenital, which exists from the birth of the child, and the other is from some debilitating cause which produces the complaint after birth; as the constitution therefore was radically weak or vitiated in the former of these affections, you cannot expect that such permanent benefit will result in that case, as in the latter, where the constitution became affected from some accidental circumstance.

With respect to diseases of the ankle and knee joints, amputation for such complaints will occasionally be necessary, both of the leg and thigh; indeed chronic affections of the ankle and knee give rise to amputation as frequently as diseases in any parts of the body. For compound fractures we seldom amputate directly: they are seldom so severe as to require immediate amputation, and it is not until gangrene or disease of the bone has taken place, that it is deemed necessary to amputate; compound fractures, however, from the superior manner in which they are now treated, do much better than formerly, and very severe injuries of this description will often terminate most favourably; therefore upon

the whole, amputations are much less frequently performed at the present epoch than in the days of our ancestors. Now, gentlemen, before you amputate, it is necessary that you should apply, in such situations where it can be accomplished, the tourniquet, an instrument which consists of a strong band, capable of completely surrounding the thigh, two brass bridges, a long screw, a pad, and two small rollers. The rollers are situated one at each end of the under bridge. The bridges lie in immediate contact with each other, the concave part of the upper bridge completely fitting the convex surface of the under. The pad is placed in the arch of the under bridge, and which pad is to be placed immediately upon the vessel whose circulation is to be stopped; after having thus applied the pad you are to bring the band around the limb, and secure it tightly upon the upper bridge, then turning the screw by which the two bridges are connected, you can produce upon the vessel any degree of pressure that may be required, for the screw separates one bridge from the other, thus raising the upper bridge, pressing upon the lower one, at the same time tightening the band, and forcing the pad upon the vessel you effectually control the circulation of the blood in the limb to which the instrument is applied; this is the tourniquet at present in general use; another has lately been invented having small spikes at one extremity of the bridge, and these perforate the band after it has been tightly applied round the limb, when

upon turning the screw of this instrument, the same effect is produced as by the former.

The tourniquet in operations where it can be used, will be found of very great service. I mean will be of considerable utility to the operator in point of facilitating the operation, and at the same time rendering it more safe. As an auxiliary, however, its convenience will be much more felt in private than in hospital practice, for in the former there is commonly a deficiency of those able assistants, whom we so generally meet with in the latter; yet the tourniquet, when it can be applied, will more effectually control the circulation than pressure by the hand.

I will now show you where the tourniquet should be applied when we operate on the upper extremity: for example, if you amputate the arm above the elbow it should be fixed as near as possible to the axilla; this will afford you room for dissecting back the integuments, and at the same time will allow of the retraction of the muscles. If you amputate below the elbow, the instrument should be applied about the middle of the arm, and this is the best place for putting it, on account of the pressure acting more immediately upon the vessel in this situation than when applied higher up, for here nothing but integuments and cellular membrane at the inner edge of the biceps muscle covers the artery; therefore if you operate below the elbow let the tourniquet be applied on the middle of the arm; if

above the elbow, not lower than one third of the length of the arm downwards.

When you amputate below the knee you should fix the instrument on the middle of the thigh, with the pad on the femoral artery, at the inner side of the sartorius muscle; if you amputate above the knee, you must then fix one third the length of the limb downwards; the reason of your applying it so high up is, to allow of the retraction of the muscles, as I before stated to you with regard to the arm, but its necessity is much greater here, as I shall hereafter explain to you. Well, then, in amputation of the upper extremity the pad is placed at the inside of the biceps, and in amputation of the lower extremity, if below the knee, near the middle of the thigh, and at the inner edge of the sartorius muscle. The first amputations I shall show you will be those of the fingers; we now very rarely amputate at either the second or third joint of the finger, because we find that it is better to remove the entire finger, either at the first joint, or even at the metacarpal bone behind the first joint, than to leave a small portion of the finger before it, for the stump is found to be extremely inconvenient, and to interfere most unpleasantly with the motion of the remaining fingers; do not, therefore, amputate a finger at the second or third joint, unless you are particularly requested to do so by the patient himself; and as this request may be made I will show you the mode of performing the operation.



*Amputation of the Finger at the second or third Joint.*

Having felt for the joint you make a circular incision a little below it, through the integuments; this is the first step; you then make a cut through these at each side of the joints; you then turn up and back the flaps thus produced, when, upon dividing the ligament with the scalpel at one side of the joint you immediately open it, carry the knife through and divide the ligament on the opposite side; in this way the finger may be removed; the flaps you see are now laid over the bone and form a good stump. The French perform this operation in a different mode, and in a way, I must say, not very anatomical, for you know the construction of the phalanges is such that the upper portion of the lower bone projects over the articulating surface of the upper; this happens both inside and outside the joint, so that if you attempt to cut directly into the joint, you cannot do so in those parts, for the point of your knife will rest upon the processes I have just mentioned to you; their mode is to bend the finger, and then make a cut into the joint behind the process, and this in a finger that is not diseased, may be done; but, generally speaking, in diseased fingers, the joints cannot be bent; it likewise often happens that the joints themselves are diseased, when, of course, flexion would be exceedingly difficult, if not impossible.

*Of Amputation of the Finger at the first joint.*

Now, gentlemen, in this am-

putation, the finger is drawn aside; you then make an incision obliquely through the web situated between them and carry your cut just beyond the knuckle; the knife is then carried through the joint from side to side, leaving a flap of integument sufficient to cover the end of the bone; to say the truth, this is not the best mode of amputating the finger, it is better to make your oblique cut through the web longer than I have just described to you, so as to carry it beyond the joint, some way up the metacarpal bone; you make a similar incision on the other side of the joint, and having cleared the bone from its muscular and ligamentous attachments, you saw through the metacarpal bone itself.

The two fingers which were next the diseased one, now approximate, and if kept in this situation until adhesion of the integuments has taken place, very little deformity of the hand will be produced; if on the other hand a portion of the finger be left projecting, the inconvenience of the stump will not only be felt in the motion of the fingers, but a disagreeable deformity be obvious to every spectator; in the operation I have just shewn you, neither one nor the other will exist, comparatively speaking, but in a very trifling degree; there cannot be, of course, any annoyance from a stump, and the deformity will be scarcely observable; well then, we seldom amputate the finger at the second or third joint, unless at the particular desire of the

patient; neither do we recommend the operation at the first joint, but rather the one which I have just mentioned to you, viz.: that of sawing through the metacarpal bone a little way above the knuckle.

The next operation that I shall describe to you is the

*Amputation of the Metacarpal Bone of the Thumb.*

To accomplish this operation you must begin your incision by cutting through the integuments at the inside of the thumb, nearly opposite the first joint; you carry this incision backwards to the union of the metacarpal with the carpal bones; this incision will form a flap, consisting of integuments and the abductor muscles quite sufficient to cover the wound that will be occasioned by the operation: after having completed this flap, the knife is then to be passed backward from between the index finger and thumb as far as the trapezium, to which bone the head of the metacarpal bone is articulated; when you arrive at this position you are to turn the knife so as to make its blade form a right angle with the incision just made. you are then to carry its edge through the joint, by which the ligaments will be divided; and the bone is thus removed; the flap you observe that I first left, and which is formed principally of the abductor pollicis, and the integuments is quite sufficient to cover the wound; the metacarpal bone of the little finger is removed by nearly a similar operation. You begin your incision at the web between the little and ring finger, carry

down to the articulation with the unciform bone, pass it through the joint, and then let it terminate upon the outside of the metacarpal bone, opposite the part where you commenced your first incision; a flap will be thus formed of muscles and integuments, in the same way as the flap in the thumb operation; straps of adhesive plaster are to be employed for the purpose of keeping the edges of the wound in contact. The vessels required to be secured in the operations for the removal of the fingers, are the two digital arteries.

*Of Amputation of the Foot at the Tarsus.*

The operation for the removal of the toes is so similar to that of the fingers, that I do not consider it necessary to say much to you on that subject; one observation, however, I will make to you, which is, that a man who had been in the habit of removing fingers at the first joint, and who had never removed a toe or seen one removed, if he were to conduct the operation in the same manner as for the removal of a finger, would feel himself very much puzzled; that is, if he expected to find the first joint of the toes at the same distance from the web as in the fingers. You must, in the toe operation, carry down your incision between the web for at least an inch and a half, before you will be opposite to the joint; the other steps of the operation are the same as for the removal of a finger. A new operation has of late years been proposed for the amputation of the tarsus, by cutting through the joint,

formed by the astragulus, and os scaphoides, and the os calcis, with the os cuboides. Having desired your assistant to draw up the integuments, you make an incision from the bottom of the foot on one side over the dorsum down to the bottom on the other side, leaving the integuments of the sole of the foot undivided; before you make your first incision, you, of course, feel for, and correctly ascertain the precise situation of the joint; after the first incision has been completed, you are to bend the fore part of the foot downwards, by which you stretch the ligaments, covering the joint, and a slight touch of the knife will then enable the instrument readily to pass between the articulating surfaces of the astragulus and os scaphoides; then, by cutting still further downwards, you divide the ligaments connecting the os calcis and os cuboides. You are now to place the blade of your knife horizontally, and cut along the bottom of the foot towards the toes, between the integuments and bones, until you have cut a proper distance for obtaining a sufficient quantity of integuments to form a flap for covering the end of the stump, which is then to be adjusted neatly over the wound, and confined in that situation by straps of adhesive plaster. I have tried this operation and do not like it; the inflammation which generally results from it, is exceedingly severe, and the suppuration very extensive; this may be accounted for from so large a portion of articulating surface being exposed by the operation. I am of

opinion that it is much better to saw through the bones than to perform this operation; there will be much less inflammation, much less suppuration, much less risk to the patient, and at the same time a much greater chance that the integuments will unite by the adhesive process. I would therefore advise you, when it is practicable, rather to saw through the os naviculare and os cuboides than to entirely separate these bones at their articulating surfaces, independent of the advantages which I have already mentioned to you, the last operation would afford the patient a better bearing for the body than the former, as more of the foot will be left by it. Upon the whole, then, I am positive that you will find the operation of sawing through the bones more successful than that of removing the foot at the joint.

#### *Flap Amputation of the Leg.*

It is usually performed a little above the ankle joint, about two thirds the length of the leg downwards; it is performed with a view of enabling the person to wear an artificial leg, and in those individuals whose circumstances do not require them to obtain their food by manual labour, it may succeed and answer the object in view; but for those persons who, by their industry and muscular exertions have to obtain a livelihood, it does not succeed.

A man a few years since in Guy's Hospital requested me to amputate his leg a little below the knee, whose foot had previously been removed a little

share, therefore. As the stump was quite well, and the man appeared in health, I really did not think him serious; upon finding, however, that he was so, I persuaded him against the measure, and said to him, you had better

— "use those fls you have  
Than fly to others that you know  
not of."

As he persisted, however, in requesting the operation might be performed, his wishes were at length gratified, and he had the satisfaction of showing to his friends his improved stump.

When the flap operation is to be performed, it should be done as I before stated, to you two thirds of the leg downwards; you push the catlin through the integuments and muscles of the back of the leg at this part, and carry your incision downwards; when you consider the knife has passed sufficiently far, you are to make it cut its way out immediately at the back of the leg, and let the termination of the flap be of a semilunar shape; it will then correspond to the form of the wound, to which it will afterwards be applied, viz. the upper part of the stump: a circular incision is now to be made over the leg, so as to meet the incisions where the catlin first penetrated, and you remove the limb by sawing through the bone. In addition to the objections I have already mentioned there are two others of very considerable importance; it does not heal near so well as the common amputation; from the constant retraction of the muscles of the calf, the flap becomes drawn

from the surface of the bone which supports it, and the stump usually presents most extensively. We have never seen, in our hospitals, that this operation has succeeded so well as the one I shall presently mention to you, and consequently it has been abandoned. There is another objection; that I will mention to you, against its performance; which is, that if hemorrhage should occur when the ligatures come away, it will be almost impossible to get at the vessels so as to secure them; and this arises from their becoming so deeply embedded in the soft parts. Altogether, therefore, it is an operation which it will be prudent in you to avoid performing.

Now, gentlemen, of

### *Amputation of the Leg Below the Knee.*

First let me mention a few rules for your guidance when you perform this operation. In amputations below the knee, if its condition will allow of it, the bone should be sawed through four inches below the point of the patella; when you cut through the integuments your incision should be made with a view of saving two inches of these for the purpose of covering the stump; the quantity, however, is to be regulated according to the size of the limb, and in accidents where the parts have not been reduced by previous disease, four inches frequently will not be found too large a portion. Your principal object, gentlemen, should be to save integuments and not muscle; to preserve muscle for the

purpose of covering the stump in these amputations is an exceedingly false and injurious surgical principle; if you save muscles as well as integuments, retraction will take place, and the stump consequently will not heal near so kindly as it would have done provided you had preserved integuments.

Now, Gentlemen, in holding the amputating knife, do not grasp it thus with the entire hand, but take it rather between the finger and thumb, so that the haft may freely play in the hollow of the hand, and at the same time pass between the finger and thumb when the circular incision is made; by adopting this method, you may make your first cut in an easy and free manner, and obviate that stiffness which is sometimes observable in even experienced operators; I now hold the knife in the manner described, and thus divide the integuments; they have two places of adhesion, viz. over the tibia and over the fibula; having separated these and likewise the connecting cellular membranes the skin is now loosened to the extent of two inches, which quantity will be quite sufficient to cover the stump; in amputating I generally use but one knife, so that I shall divide the muscles, interosseal ligament, and periosteum, with the same instrument; I therefore commonly use in amputating the leg or arm the catlin only; take care to divide the muscles extremely well, so as to prevent any of the fibres being torn by the teeth of the saw; for they not only impede the action of the saw, but ren-

der the operation painful and clumsy. Much is said about the attention and ability of your assistant while amputating, and that it depends upon him whether the bone be splintered or not at the time it is sawn through, and likewise the hitching of the saw is attributed to his awkwardness: now the fact is, so much does not depend upon the assistant as has been asserted; the assistant should merely allow the limb to rest upon his hand he should neither depress nor elevate, but quietly permit the position of the limb to be regulated by the operator, and carefully keep it in that situation; the hitching of the saw will then be prevented, and the operator himself may avoid splintering the bone by causing the oscillations of the saw to be short at the moment when the bone is nearly cut through. The vessels to be secured in this operation are anterior, and posterior tibial arteries, and sometimes the anterior & posterior interosseal, in tying the posterior tibial artery take care not to include in the ligature the nerve which accompanies it; after having applied your ligatures cut off one end of each, and let the remaining ends hang out together at the bottom of the stump; straps of adhesive plaster are then to be applied over the integuments, some longitudinally and others perpendicularly, for the purpose of making it circular; these longitudinal and perpendicular straps should be secured in their situation by a strap applied over them and around the limb, so as to retain the first straps that

were applied in their proper situation; the cooler the stump is kept after the operation the better, there will be the less danger from hemorrhage, and less chance of producing the suppurative inflammation, the adhesive is what we want, and this you will be most likely to obtain by keeping the stump in as cool a state as possible; no rollers are applied to stumps by surgeons of the present day—no tow—no flannel caps as there were formerly. Now as to the time for removing the dressings; on the 6th day you may take away one strap for the purpose of permitting any pus that may have collected, to escape; and on the eighth day you may remove the whole of the straps, substituting for each, so soon as taken off, a fresh strap of the same kind of plaster; it would be the height of impropriety to leave off at the same time the whole of the plaster at so early a period, as it would probably destroy the whole of the adhesions which had formed; therefore, on the eighth day, when you remove each strap of plaster, put another in its place before you take off a second.

#### *Of amputation of the Thigh.*

To amputate above the knee requires but little art or anatomical knowledge; some degree of skill, however, must be practiced in the operation, if the surgeon wishes to have a good stump after it; the whole art of the operation consists in making the incisions through the muscles in such a manner as to prevent the stump from becoming of a conical shape at a subse-

quent period. It is not always desirable to perform this operation very near the knee joint; in fact, in many instances, it is a great fault to do so, but more especially when the knee is affected with fungoid or scrophulous disease, and I will tell why. Under the tendon of the rectus muscle for an inch and a half at least above the patella, is situated a quantity of bursæ mucosæ, and if this be cut into under any circumstances, when amputating, it is bad enough, because it will generally lead to most extensive suppuration, and will protract most materially the healing of the stump, and if you operate in consequence of a fungoid, or scrophulous disease of the knee, and then were to cut into the bursæ, the chances are, that the disease would again return in that part, and render another operation necessary. In the operation above the knee not to make your circular incision through the integuments to within an inch and a half of the patella.

Well, gentlemen, after having made the incision through the integuments, and dissected them back, as far as may be thought necessary for the purpose of covering the stump, you are then to cut through the superficial set of muscles; in dividing these muscles, is the grand circumstance to be attended to in this operation; and which circumstance is, to divide the muscles immediately surrounding the bone, at least two inches higher up than the spot where you commenced your incision in the superficial set of muscles; this

will prevent the formation of a typical stump. The reason is obvious; the external muscles being cut longer than the deep seated, an allowance is made for their retracting, when therefore, they are drawn up to their fullest extent, they are then of the same length as the deep seated muscles, and the end of the bone, consequently the entire stump will present to you a flat surface. You will probably ask, why do not the deep seated muscles retract too? The answer is, they cannot, from their intimate connection with, and attachment to the bone. The principle in this operation, is to have the muscles the same length as the bone, without the necessity of applying a bandage.

In dressing this stump, it is generally advisable, to apply a roller next to the skin, in consequence of the spaces which exist between the muscles at the end of the stump, the ligatures are then to be placed at the most depending part and straps of adhesive plaster put on the same manner as for amputation below the knee.

In this operation it is generally necessary to tie three arteries, the femoral—the arteria profunda, and that branch which usually runs either in or by the sciatic nerve it is sometimes necessary to draw this artery out of the sciatic for the purpose of securing it and the application of a ligature here requires considerable care, for the want of which I have in two instances known a ligature to have been put upon the sciatic nerve itself; in the first case it was not at-

tended by any evil consequences, but in the second violent spasms came on in the part, they were afterwards diffused throughout the body, and ultimately proved destructive to life.

It should be equally your object to heal this stump by the adhesive process, as much as that of the leg; but in applying the strap of adhesive plaster, remember, that if matter should form it will gravitate, and at the lowest part of the stump, where the ligatures are hanging, you should leave a small aperture to permit its escape.

[The learned Lecturer performed each operation upon the dead subject in the different modes described in the course of the lecture.]

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### DR. JAMES JOHNSON, AND "THE LANCET."

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We believed Dr. JAMES JOHNSON to be a feeble gentleman, but we were not prepared for the degree of imbecility which he has displayed, in a statement addressed by him to the Editor of one of the monthly medical journals. The singular obliquity of his perceptions is equalled only by his extreme irritability; he is truly a psychological curiosity. In vol. II. p. 224 of THE LANCET, we stated on authority, which we believed, and *still believe* to be unquestionable, that the Doctor

once made an attempt to give original reports of the proceedings of the Medico-Chirurgical Society; and we adverted to this fact, not, of course, as matter of reproach, but as affording a favourable contrast between the Doctor's industry and that of his Reviewer. When we stated some time ago, that the Doctor treated the bare suggestion of his having ever attempted to relieve the barrenness of his Review, by useful, original information, as an attack on his *character*, we believe that many of our readers thought there was a little malice in this representation. They have now, however, the Doctor's own word for it; indignant at having industry and talent imputed to him, he rebuts the charge, by calling witnesses to his *character*; he writes to the Secretary of the Society, to get a certificate of his innocence, and armed with these credentials, he makes a speech to the Society, in which, amidst all the agony of vituperation, he denounces our statement as "a villainous, wilful, and direct falsehood!!!" Dr. JOHNSON'S report of his own speech sufficiently explains the fact which we stated last week, that some of the

members present made a single observation in support of it. He makes the President, indeed, say that it was natural and proper for Dr. JOHNSON "thus to repel so infamous a defamation;" but we take leave to give the Doctor credit for greater accuracy in the report of his own absurdities, than of those which he puts into the mouth of another individual. It is not credible that any man, except Dr. JAMES JOHNSON, should call it a crime to report the proceedings of a scientific body; and the suggestion of an attempt to do so an infamous defamation! The society, as a body, no doubt, look with a keener eye to the profits which they derive from the publication of their volume at the end of the year, than to the advantages which the profession and the public would derive from the intermediate publication of their proceedings: but we doubt whether any individual member of the society would expose himself to public ridicule by such an observation as that which Dr. JAMES JOHNSON has put into the mouth of the President. Dr. JAMES JOHNSON'S notion of *character* coincides very much with that of *Snake* in the *School*



for Stroud. Snake having for some in his life done a good action, entreats the company not to ruin him by divulging it; Dr. JAMES JOHNSON in like manner seems to think he is a ruined man, if he shall once be convicted of having attempted to give his readers any original information in his Quarterly Journal. The following is the motto which he prefixes to his Review, "*Nec stantiarum textus ideo melior, quia ex se sua firgunt, nec noster villior, quia ex alienis libamus, ut apes.*" "The spider's web is not better because it is spun from its own bowels, nor is my review worse, because, like a bee, I take from the writings of other men." And yet this is the consistent personage, who charges the conductors of the Lancet with being 'literary depredators!' We will add one or two words on Dr. JOHNSON's postscript, which is written so much in the spirit of the article, the falsehood and malignity of which we exposed a few weeks ago, that we might almost imagine ourselves to be again engaged in dissecting the same writer. We must once more allude to M. MAGENDIE's history of the case of hydrophobia,

treated by an injection of warm water into the veins. This was published towards the end of December, and within a week after its publication it was translated into THE LANCET, and immediately copied into the Times, and other Journals. In the month of March comes forth Dr. JOHNSON's Quarterly Journal, in which he states (p. 342) 'that great bruit was occasioned by this case at the Hotel Dieu, and re-echoed throughout Europe;' and gives his readers—what? M. MAGENDIE's authentic and detailed history of his own experiment? No—the Doctor says 'We have not yet read M. MAGENDIE's observations on this curious case, but merely analysed the statement, as published in the ARCHIVES, and then he endeavours to persuade his readers that this statement in the ARCHIVES is more authentic than M. MAGENDIE's own history of his own experiment in the *Journal de Physiologie*. All the falsehood and misrepresentation on this subject in Dr. JOHNSON's review we fully exposed in vol. 2, page 325 of THE LANCET; Dr. JOHNSON, in his postscript, endeavours to palliate the disgrace of that exposure by sub-

terfuge and misrepresentation, which we shall proceed very briefly, as in the former instances, not merely to assert, but to demonstrate :—

"The Reviewer," says Dr. JOHNSON, "asserted that the case was published in the November number of the '*Archives*, and consequently was known in England *some weeks* before *The Lancet* published the case in the newspapers."—*Postscript*.

If the reader will turn to the LANCET, p. 326, where the passage in Dr. JOHNSON'S Review is quoted, he will see that this is a paltry subterfuge. He will there see that the Reviewer in Doctor JOHNSON'S Journal, denies THE LANCET'S pretensions to celebrity, because Mons. MAGENDIE'S account of the case which we published in December had been published in Paris in November, and had consequently been in every body's hands for six weeks. Every one knows that unauthentic accounts of the case were published before Mons. MAGENDIE'S Journal appeared—that in the ARCHIVES is one of them; and we ourselves quoted a passage from the *Journal Universel*, in which the Editor of that Journal says, he thought it but justice to Mons. MAGENDIE to

wait till the authentic account of the case appeared in his own Journal. Yet three months after Mons. MAGENDIE'S article had appeared in our Journal, Dr. JOHNSON tells his readers 'he has not read it; and merely analyses the statement as published in the *Archives*.'

"The patient was not Mons. MAGENDIE'S at all. That gentleman was called in by the physicians of the Hotel Dieu, to try the injection of warm water into the veins."—*Postscript*.

This is a desperate attempt to show that the account in the *Archives* must be more authentic, than Mons. MAGENDIE'S history of his own experiment. If the reader will turn to the *Journal de Physiologie* he will find that Mons. MAGENDIE actually makes an apology for performing the operation in the absence of the physicians, and without consulting them, in consequence of the urgency of the symptoms. Poor Dr. JAMES JOHNSON!

*The Lancet* has had the baseness to substitute the *Journal Universel* for the *Archives Generales*, in order to make the Medico Chirurgical reviewer appear guilty of falsehood."—*Postscript*.

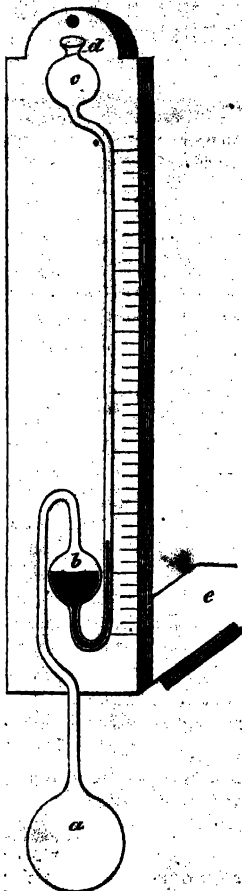
We beg our readers to refer to the following passage in THE LANCET, and we will then ask whether there was any desire on our part, to conceal or misrepresent the source from which the Reviewer took his account of the case, and whether we have not a right to pause before we place implicit faith in any statement or declaration which may be made

by Dr. JAMES JOHNSON: Three months after M. MAGENDIE's paper appeared in THE LANCET, Dr. JOHNSON's Reviewer gives his readers a meagre account of the case—not from MAGENDIE's journal, for that, it seems, he has not read but at the second or third hand from the *Archives Generales*." — *Lancet*, p. 325

So, the readers of Dr. JOHNSON's Review are to believe that a miserable sketch of the case taken at second-hand from the *Archives*, is more authentic than M. MAGENDIE's copious history of his own experiment in his own Journal! We certainly can allow for a considerable degree of irritation on the part of the Editor of the *Quarterly Journal*.—THE LANCET anticipates him in every thing that interests the medical world, and leaves him to regale himself and his readers on orts and fragments,—“chaff and bran, chaff and bran, porridge after meat.” Our readers can conceive a Scotsman who has been anticipated at a dinner, peeping into jugs of flat beer, eyeing the too diaphanous vacuity of decanters and the ‘dishes which meat did once inhabit.’ Such is the state of mind of the Editor of the *Quarterly Journal*; but not content with venting himself in the straight-forward, and justifiable language of disappointment, he must swear, like Lord PETER, that his crust is most excellent mutton.” — *Lancet*.

We confess that we are ashamed of contending with an adversary, who can descend to such miserable subterfuges and misrepresentations, as the Editor of the *Medico-Chirurgical Review*.

## CHEMISTRY.



Mr. Gurney's Thermometer for measuring delicate Temperature

We concluded our observations on Heat, by detailing the methods of conducting some experiments for the purpose of shewing that aeriform bodies were very sensibly expanded by increase of temperature. Before we proceed to investigate the manner in which heat acts on liquid or solid bodies we shall introduce to our readers Mr. Gurney's new Thermometer for measuring very minute changes of temperature, because the principle of the instrument is founded on the comparative expansion of gaseous bodies, and because we regard it as a most important instrument for experimental enquiry. We must first make a few remarks on the common air Thermometer. This instrument is constructed on the principle of expansion, which we have endeavoured to show in our previous experiments on heat. It may be made by inverting the stem of the bolt head, which we have previously described, in a cup or small bottle of any coloured liquid, fixing at the same time a graduated scale immediately behind the tube, so as to be able to read off any temperature that may be indicated by the rise or fall of the liquid in the stem of the instrument. This is the form of the first Thermometer which was invented and is still acknowledged to be more delicate than any other at present in use, for measuring small changes of temperature.

There are some circumstances connected with its use as a standard Thermometer which render it objectionable, and it is now almost entirely disused for this

purpose. The principle one is, that the fluid which flows up and down the tube is affected by the weight of the atmosphere as well as by the temperature, and therefore requires comparative observation with the height of the quicksilver in the barometer and constant calculation to obtain the true temperature at the time of inspection. Another objection arises from the evaporation of the fluid in the vessel into which the stem of the Thermometer is inserted.

These objections, however, do not interfere with its employment for measuring small changes of temperature in the laboratory which are effected by experiment. The objection here arises from the form or construction of the instrument itself. For instance, it is impossible to invert the bulb, into any liquid without destroying the action of the instrument altogether. Consequently it cannot be used for measuring the temperature of bodies which require the bulb to be introduced into them in any direction, differing from one directly upwards. The use of this sensible instrument is therefore, at present, very limited in its application.

The whole of the preceding objections to the employment of the air thermometer, are completely removed by Mr. Gurney's construction as represented above. The delicacy of his instrument is considerably increased by using Hydrogen gas instead of common air, to fill the bulb (a) of the thermometer. Aeriform bodies are found to expand by heat in the

ratio of their respective densities; therefore, as we understood Mr. GURNEY, he had filled the bulb of his thermometer, with hydrogen gas, under the idea that it would be more susceptible of minute changes than common air. It was . . . . . by inspecting the above representation, that there are three bulbs connected with the instrument; each of these has its respective duties to perform. The middle bulb (b) is provided for the purpose of retaining sufficient fluid, to reach up the whole tube, to its capillary extremity, where it enters the bulb, (c) forming a continued column, when the gas in the bulb (a) is expanded by heat, and presses on the surface of the liquid in (b). This is certainly a great advantage in reading off the degree of temperature indicated by the rise or fall of the fluid along the graduated scale. The bulb (b) being larger than sufficient for containing the whole of the fluid employed, it serves also as a guard against the passage of any part of it into the bulb, (a) in case of condensation by cold; for he remarked, if a great condensation of the gas in the bulb was produced by placing it in a cold medium, the whole of the fluid would be drawn into this middle bulb, and would there allow any air to bubble through and enter the lower bulb of the thermometer.

The third bulb shown above the capillary opening, is provided as a guard on the other hand to prevent the escape of the fluid out of the instrument, in case a sudden expansion of the gas should drive

the whole up the tube along the graduated scale of the instrument; it acts on the same principle as the middle one in preventing its escape into the lower bulb. Mr. G. exhibited this by slightly warming the bulb of the thermometer: the fluid was immediately driven into the bulb above the tube, but as soon as the instrument was again cool, it returned to the middle bulb, and a small quantity of gas which had escaped from the tube by the expansion, was again returned to it by bubbling through the fluid: and without carrying the least particle of liquid with it. Mr. G. observed he had shewn this experiment with a view also to explain the manner in which the instrument was first charged; which he said was done by first expelling the whole of the air from the glass by giving the bulb tube, great heat, and at this moment pouring a little coloured fluid into the open cup of the instrument (d), and now introducing it into a jar of hydrogen gas, or tying a bladder, containing hydrogen gas, about the opening of the tube, he stated that as the tube cooled, the fluid would be driven into the middle bulb (b), and would there be retained, allowing the lower bulb of the instrument to be filled by the gas, in the manner previously shewn. The point of fluid at the lower neck of the middle bulb, would consequently indicate the degree of cold applied to the lower one, therefore he advised that this should be made  $32^{\circ}$  by placing the thermometer in a freezing mixture when the instrument was charged for permanent use.

The other points, in the scale, he said, were found by placing it in boiling water, and dividing the scale in the usual way.

Mr. GURNEY remarked, that one objection was likely to arise from the evaporation of the liquid in the tube, (or by oxidation if mercury was used,) because it was indispensably necessary for the action of the instrument that the end of the tube (d) should be open to the atmosphere; he did not see how this objection could be obviated except by making the opening (d) so small that evaporation could not take place through it. This inconvenience however we apprehended would not interfere much with the use of the instrument in practice.

Mr. GURNEY's objection was immediately removed by Sir ANTHONY CARLISLE, who happened to be present at the lecture; he proposed that a saturated solution of mur. of lime, caustic potash, or sulphuric acid should be employed in the construction of the instrument, and advised the solution to be exposed to the atmosphere for some time previous to its introduction, so that it might receive its maximum of humidity; with these precautions, he stated, there would be no chance of evaporation through the capillary opening.

This was a happy suggestion, and if adopted, in our opinion, will leave Mr. GURNEY's instrument without a single objection.

We have not time, nor do we think it necessary to make any observations on the value of this

instrument; every scientific man must see at once that it possesses many and important advantages over every other instrument of the kind. In our experiments after lecture we noticed that a change of temperature which moved the column of spirit in the common Thermometer about the one tenth of an inch, to raise the fluid in Mr. GURNEY's nearly fourteen inches, we observed also that if the hand was brought within two inches of the bulb, the spirit rose four or five inches by the radiation of heat from it. These facts prove its extreme delicacy and capability of being used for very delicate experiments. Mr. G. remarked, that the size of the bore and height of the tube must be regulated by the degree of delicacy required in the instrument; and that it might be made to measure the hundredth part of a degree with the greatest accuracy.\*

\* The instrument may be obtained of Mr. Bache, in the Strand.

## NEW PUBLICATIONS, BY THE HOLY ALLIANCE OF DIVINITY AND PHYSIC.

Shortly will be Published,  
*DIABOLUS REDIVIVUS*; or,  
a Defence of the Creed of St.  
ATMANASIUS. By Mr. CKE-  
VALIER.

Lectures on the Thirty-nine  
Articles. By Mr. LAWRENCE.

A Treatise on Fungus Hæma-  
todes. By the Rev. Mr. IYING,  
of the Caledonian Chapel.

Thoughts on Prurigo. By the  
same Author.

Mr. CHEVALIER has in the press a Treatise on Sub-lapsarianism: and Mr. IRVING will return the compliment by a few remarks on prolapsus ani.

A Parody on the Soliloquy in Macbeth:—"Is this a *Lancet* which I hold before me?" by the Ghost of Dr. JOHNSON.

The Use of Gold in the cure of Syphilis: by Mr. J. PEARSON. We believe no surgeon in this metropolis shews so decided a preference for this preparation.

Tractatus, in quo de vita Jonæ intra stomachum balæne degentis dissitur, rationesque physionomice propheta in stomachum piscis ingurgitatus minime digeri potuerit, facile exponuntur, auctore GEORGIO PEARSON, M. D.

"Hats off," by Sir WILLIAM WIZARD: at Newberry's, or any library for grown children.

### LIZARS' ANATOMICAL PLATES.

Part the Fourth, containing the muscles of the trunk is now before us. The highest praise that we can bestow upon the Engravings in this division is to say, that they are equal in every point of view to those that have already appeared from the same masterly hand.

The extensive patronage these plates have received is the best proof of their excellence and utility.

### HOSPITAL REPORTS.

#### MIDDLESEX HOSPITAL.

March 20th.

The following is the case referred to in our last number:—

WM. NIBLO, ætat. 35, a coachman who had fallen from the box of his vehicle, was brought to the hospital about four o'clock, p.m. When we saw him, which was immediately on his being placed in bed, he lay in a comatose state—breathing laborious and oppressed, but not stertorous. Pupils very much contracted. His pulse was the smallest we ever recollect to have noticed; it was about natural in its frequency, but almost imperceptibly weak. A few hours afterwards, he vomited the contents of his stomach, when he became somewhat sensible. The pulse, however, did not exhibit any manifest change. A catheter was introduced for the purpose of withdrawing the contents of the bladder, which had become considerably distended. Some brandy and water was given him, which produced no beneficial effect. The comatose state again succeeded, and about nine o'clock, a.m. he died.

On examining the body, it was found that nearly all the ribs of the right side had been fractured, some of them in several places. The liver was ruptured, particularly the right lobe, which was a congeries of fragments. The left was not so much injured. The lungs exhibited no change. The right kidney was also ruptured, and about a quart of coagulated blood was found in the cavity of the abdomen. The sternum was fractured across, and two or three ribs on the left side had met with a similar injury. It is a singular fact that the great blood-vessels of the liver re-

remained entire amidst the general devastation of that important viscus.

*April 3d.*

GEORGE GAINE, *ætat.* 22, was admitted about four o'clock, p.m. with an inguinal hernia of the right side, which had been strangulated twenty-two hours. The tumour was about the size of a pullet's egg, rather hard and acutely painful. Venesection and the warm bath were employed; after which it was reduced by the taxis—his pulse at this period was about 96, and tolerably full.

*R:* Extracti Colocynthis Compositi gr. xv.

Hydrargyri submuriatis gr. iij. frant, pilulæ iij. statim sumendæ, and an enema was administered.

*April 4th.*

The hernia again came down during the night, and was replaced by the house surgeon. The enema and pills had procured one copious alvine evacuation. In the morning there was great tenderness of the abdomen, especially about the epigastric region. Pulse 100, and rather weak; skin moist, tongue a little furred; languor and anxiety. Twenty leeches were applied to the epigastrium, and afterwards warm fomentations; and the following pills were given him:

*R:* Hydrargyri submuriatis gr. ij.

Pulveris antimonialis, gr. iij. ft. pilula ter die sumenda.

At this period he vomited a quantity of porraceous matter, of a dark green colour. In the afternoon his pulse was 136, and very weak. The epigastric region was the seat of the most

excruciating pain, and the patient writhed, and rolled in bed in great agony. An enema was given him, and some calomel and Dover's powder, and a few ounces of blood, were drawn from the arm.

Soon afterwards a sudden cessation of pain took place, and a soporose state succeeded late in the evening; hiccough followed, and early in the morning death.

We were not present at the post mortem examination, but have understood that nothing was observed to account satisfactorily for the sudden death of the patient. We afterwards saw a part of the ileum which had been removed; for the space of three inches, it was of a dark livid hue, but hardly amounted to sphacelus.

It is a melancholy fact, that many cases of this description are attended with fatal results, in many instances arising from the delays consequent on the false delicacy of the patients themselves, sometimes, too, of their friends; and often from the injudicious conduct of the practitioners, who, finding their own efforts unsuccessful, after the lapse of several hours, consign their patients to the hospitals, as a sort of dernier resort, when active measures have been delayed, and successful practitioners are often by these means humiliated, by the melancholy terminations, too often resulting from these extraneous causes, and over which they can have no control.

*April 7th.*—There have been no operations at this hospital since our last report. A few



accidents have been admitted, one of which we shall mention in our next number. The others are of little consequence.

## ST. BARTHOLOMEW'S HOSPITAL.

*Continuation of the Case of Wm. ROBERTS, from p. 418, vol. 2.*

March 26.—Tongue lured, and rather brown.—Pulse 115, and weak.—Bowels confined.—Tenderness at the lower part of the abdomen.—Scrotum loughing; the parts are covered by a linseed poultice—is ordered

Brandy 3*vi*.

Strong broth.

R. hydr. submur. gr. i.

Pulv. Jalap. gr. v. statim.

The symptoms above detailed continued to grow more and more severe, and particularly the tenderness of the abdomen, until Wednesday, March 31<sup>st</sup>, when he expired at  $\frac{1}{2}$  before two o'clock, A. M.

A post mortem examination was instituted by Sir LUDFORD HARVEY and another Gentleman, the particulars attending which have not yet transpired; consequently we are unable to communicate them to our readers, but expect shortly to have the satisfaction of doing so, as we are given to understand that Sir LUDFORD is preparing a clinical lecture founded on the case, which of course for the sake of his own reputation, and in vindication of his new hydraulic principle, he will make public as speedily as possible.

April 8. Two or three important accidents have been admitted

into this Hospital within these few days, want of space prevents a particular notice of them in the present number.

Guy's and St. Thomas's in our next.

## SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

### No. III.

### Dr. STOKES.

*To the Editor of The Lancet.*

SIR,—A writer whose name we cannot now recollect, informs us that every duty has its concomitant evils, a truism not without meaning when applied to ourselves. As we find that the office of biographer is not wholly exempt from unpleasant consequences. For he is pen steeped in the "milk of human kindness," or saturated with the gall of asperity; let him flatter where merit does not exist, or censure where abuses provoke chastisement; 'tis all the same, he is sure not to please this implacable world. The underscrutinizing who see perfection in all things, ask for still more praise, while the malignant whom nothing short of injustice will satisfy, cry out—lay on the lash with a bolder hand. On the other side, the morbid thirst of vanity for applause is not to be slaked—no more than the ambition of mediocrity can bear to be reduced to its proper level. It is one of the inseparable failings too, of men in power, not to forgive any thing which their self-love may construe into an injury. They prize their persons and their pretensions as a Jew does his beard, and are not to be approached but with veneration. In this respect they resemble royalty, amenable to no laws, and above public opinion. The halo of importance with which their pride invests them, is to suffer no obscuration from comparison. As long as their name is inflated with by an official title, the bubble is not to be burst by the rude hand of examination. Yet these men will pay an artist to perform that which they deny our right of executing gratuitously, and will challenge all whom it may concern, by an advertisement in a newspaper, to witness the strictness of their

leaving and the power of their genius. Strange inconsistency! but, knowing the necessity of these assumed appearances to veil the nakedness of pretension from the gaze of decision, we are less disposed to quarrel with the almost pardonable craftiness of impotence. Ever since it was our lot to dip our hands in ink, our ears have been stung by the murmurs of discontent or amused by the silly conjectures of sundry individuals, as to the identity and invention of the author of the "*Academy*," in *The Lamb*. "Prætor" is called plaintively as an Irish Bonaparte over the fate of the College; but his sorrows have been latterly somewhat consoled by the sympathetic sighs of Mr. Conner, who with a vindictiveness, of which we could not suspect him, has made common cause to discover the aggressor; and as for Mr. Tuom whom the approach of the first of May was beginning to revive, he has a confirmed relapse of the Lambago. One will have it, that our remarks have been written to gratify the rage of disappointment. Another with much about the same accuracy, but with more charitable feelings, attributes them to the overflowing of bilious malignity; a third accuses a rejected candidate, of speaking so lightly of the merits of the Surgical Corporation; while a fourth puts the crime to the account of an irritable little gentleman, merely because his inditing of a few medical pamphlets gives a colour to such a suspicion. To those divines, whose guesses are about as correct as the responses of the sybilline leaves, we design not to explain our motives, or to apologise for our conduct. They will both answer for themselves. 'Tis not therefore to allay the fever of the curious that we have touched upon this question, but to set aside in future all conjecture, and to protect the innocent from the penalty that should only fall on the guilty. We assure them that in regarding our name, we will at least in this respect imitate the immortal JOURNAL, and that their suspicions, like the labours of the Danaides will be unavailing in the end. We will only add to what we have said upon this subject, that it is not against persons, but a system we inveigh—a system that has converted the temple of science into a mart of imposition and intrigue,—that has profaned the purity of letters by the glories of a

"Lama" to the exclusion of the true divinity of Genius.

Even in the desolateness of the desert there are spots of verdure and of shade, where the weary traveller may repose, and cool his lips with the waters of some refreshing spring—where the song of some solitary wanderer like himself will harmonize his feelings to the contrast of past suffering with present enjoyment, and reconcile him to the endurance of toil and perilous fatigue. On the sterile chart of our career, through which we have to steer our course, it is some consolation that there are objects to which we can turn with pleasure, and contemplate with unmingled delight. Such is the subject of the present essay, a man who can never be looked upon without respect, or known without being admired. A ready beginning to drop to the influence of time, like a new leaf bent upon its stem in autumn, we approach him with a deferential feeling inspired alike by his virtues and his years. A blue roquelaire, hanging carelessly from his shoulders, conceals beneath its classic folds, a form of slender proportions, undiminished by arduous embellishment. But under this unadorned simplicity of appearance so conformable to the habits of studious old age, we may say with the poet—"ingenium ingens latet hoc sub corpore." And as he now hurries on before our imagination, from the Lecture room to bury himself once more in the beloved solitude of the library, he seems as if unconscious of all around him, and that his thoughts were fixed upon something ulterior to the earth on which he treads. The patriarchal repose of his aspect and the unaffected dignity of his demeanor are enlivened by those finer tints of feeling contrasted from long communion with the spiritualities of Creation. Ascending from the effect to its cause, he seems to have only commenced his enquiries, where others conclude theirs, and to have by an inevitable curiosity directed by reason and assisted by a powerful mind, penetrated the mysterious ways of providence in the distribution and production of its works. In this arduous voyage, wherein so many have failed from the tenacity of an ideal atmosphere, he has happily reached that point of science attainable only to the few. There is none of the glories of the surface of

would be philosophy about him—he is what he would pass for, "An Honest man, the noblest work of God," and a living satire upon the majority of the medical profession in Ireland. We need not inform our readers here at least, that the person whom we have been attempting to describe, is their venerable countryman Dr. STOKES.

Of the early history of this distinguished individual, we regret to say our information is limited. It would be a pleasing task to trace him through all the gradations and vicissitudes of life, to walk with him in the morning of existence, when hope first put forth its vernal shoots—to sympathise with his sorrows in the period of adversity, to see the vigour of his mind in the maturity of manhood—to mark by what exertions he became a proficient in every department of science,—and to learn from his patient, uncompromising independence to persevere against persecution and adversity. But if this pleasure and improvement be denied us in the absence of the first pages of his history we have the moral of his labours to recompense us for the deficiency which we cannot supply. As early as the year 1788, he became a fellow of Trinity College; and continued in the discharge of his duties in a manner no less profitable to his pupils, than honourable to himself, up to the memorable era of 1794. From this period to 1803 there was little tranquillity in Ireland. Its inhabitants tortured into madness by persecutors numerous as the patronage of an heartless Government multiplies those pests of society, were compelled at length to vindicate themselves by opposing force to force. If in this natural struggle for self-preservation, there were implicated characters otherwise respectable, it is less to be wondered at than if there had not. Accordingly we find, that in this last effort of suffering humanity, to extricate itself from the deadly grasp of that serpent, in whose coils it had for centuries been patiently entwined, persons in every department of society participated. The senate, the bar, the medical profession, and even the Protestant Church itself, poured forth from its vestries to the cause of independence who could relinquish the certain enjoyment of bloated benefices, for the dangerous success of revolutionary war.

In short there were periods of all professions either openly connected with, or who secretly sanctioned the enterprise into which their harassed countrymen had embarked. The spark of freedom elicited by the collision of contending parties having next fallen into the University, was soon fanned into a threatening flame by the declamations of many an embryo Brutus.—During this period however, the notorious CLARK happened to be Vice-Chancellor of the College. To purify the hallowed sanctuary of religion from the taint of sedition, and pike-errantry, he expelled many of the students, and condemned Dr. STOKES to three years of probationary degradation, as a penance for a crime of which there was no proof, except that which existed in the suspicion of his hardy inquisitor. Struck with the injustice of the sentence pronounced on their esteemed associate, the Fellows of the College resolved upon presenting a petition praying a mitigation of the punishment. The voice of the whole body was in his favour, except WILLIAM MAHEW, at present the Archbishop of Dublin, and now pretty well known here by the name of Doctor SYNTAX, to which ideal personage it is said he bears a strong resemblance. In this shameful transaction, at all events, the said Syntactical Doctor gave proofs of his qualifications to set out on a pilgrimage in search of the *sublimities* of this world. Against the wish of all the Fellows he refused to sign the petition—he triumphed in his mercenary speculation,—obtained the next senior Fellowship, which Doctor STOKES would have been elevated to, had he not been the victim of unmerited persecution. But the same liberality of sentiment which exposed him on former occasions to the abuse of power, doomed him to still severer trials, for we find he became again the butt of intolerance, being compelled, in consequence of some objections to his religious opinions, as there could be none to his virtue, to relinquish altogether a College life, after holding a Fellowship for thirty-four years. Fortunately for him, however, he possessed those resources over which his enemies could have no control—the accumulated treasures of nearly half a century's laborious study. Since the late change in his circumstances, he has exclusively pursued as a phy-

tion, and with considerable success notwithstanding the silly prejudices which exist in this country on the incompatibility of literary pursuits with professional avocations. A few years back he was appointed Professor of Natural History to the Medical Department of the University—a situation which could not be committed to sadder hands. From one who possesses every requisite for the study of this beautiful science;—such as a knowledge of most languages—the advantages of foreign travel—and above all, an enthusiastic admiration of the works of nature, a display of no mean type might be expected. To the improvement to be derived from those lectures, the pleasure of attending them gratuitously is superadded; for during their delivery in the Natural Philosophy Hall of the college,

“No surly porter stands in awkward state,

“To spurn th’ imploring student from the gate,”

the worthy professor generously permitting all who wish to attend his discourses. Of course we have taken advantage of this immunity; and as often as an advertisement from the Academic Portal informed us of Dr. Storkes’s twelve lectures, on some subjects of Natural History, we hastened to enjoy the treat. It is here perhaps the best idea of his manner and powers may be formed; for in discussions of this nature he is quite “at home.” His world in miniature being arranged previous to his entry, he walks forward modestly but manfully with nature’s own credentials stamped upon his brow, and centered in his looks, addresses his audience—“Gentlemen, the object of this lecture is profit, the subject &c. &c.” giving its name whatever it may be. You would perceive at once, even before he opened his lips, that he is not of the common mould. The forehead, awful to a degree from its magnitude, is finely formed, and intellectual in the extreme; the eye rolling in its liquid element of benevolence, tells you in language not to be misunderstood, that here is a tear for misfortune, while the native energy of its fire still beaming from under the time-drooping lids, would seem, like a beacon in the storm, to invite the homeless to a home; and then the

halo of philanthropy that encircles his whole countenance, concentrating in its conciliating softness all you could expect from the ablest artist in realising upon the canvass “another kiss of peace.” Never was the triumph of the soul in its tracings and impressions upon the temple of its abode, more manifest than in the physiognomy of Dr. Storkes. His is a true copy of the “*ex sublimis*”—in him the happy definition of the bard is fully realised. His delivery, or rather his reading, for he writes upon all his subjects, presents little to warrant any particular description. His voice is weak, so that it cannot be heard at a great distance, and is occasionally interrupted, as if the organs of speech were not under the influence of volition, or as if the flow of ideas was too rapid for distinct enunciation. Besides the excellence of the matter in his discourses, the composition is invariably correct—sometimes beautiful and sublime, as the subject admits. From the meanest reptile up to the last link which reasoning man forms in the chain of creation, every object is sketched with a masterly hand. The secrets of the earth are explored by a descent into some fathomless mine—mountains are ascended, their height calculated, and their production accounted for upon the volcanic principle with a hypothetical accuracy quite surprising. But if in this comprehensive view of the Universe, any thing bearing upon the state of his country or the malignity of man should present itself, it is then every fibre of his heart vibrates to the theme, and a torrent of “green hills” in a moment the “green hills” of our country that now lie blasted beneath the service of oppression, are clothed with bleating flocks, and re-echo the “piping” of happy shepherds—the valleys that are doomed by the present order of things to produce a tenth of their fruit, to be sacrificed in the name of God, pour forth the superabundance of their fertility into granaries for the relief of the poor—the mines of Wicklow only wait the hand of industry to bring back another “Age of Gold”—and even the bleak heights of Cunnamora were already beginning to feel the genial warmth of blazing coal-fires, exsiccated from those mountains by the application of steam. ~~Storkes~~ ~~Owen~~ himself, in his bright,

and dreams of regeneration, might  
 enjoy the protractor of so blissful a  
 scene. The

"*Placatum fore laetis, jam fœmina nec  
 toris hœnt.*"

"*Quid quæ de viridi silicibus illic  
 melle?*"

of the silver-tongued Ovid falls short  
 of his promised land of milk and honey.  
 For while he smiles upon this Elyvian  
 offspring of his fancy—but doubts soon  
 begin to rise—he casts a scowling  
 glance upon the incorrigible mar-plot  
 man—the vision melts from his agon-  
 izing gaze—and hope itself becomes  
 ultimately the parent of despair. Nor  
 does the culprit pass with impunity—  
 his abuse of power, perversion of intel-  
 lect, and dangerous ambition, are all  
 chastised in a manner no way flat-  
 tering to his vanity as lord of the  
 universe. The frugality of the ant  
 teaches him temperance; the social  
 habits of the beaver instruct him in  
 domestic tranquillity; and the pure  
 virtues of the Indian, in his native  
 wilds, are called to bear witness against  
 the perverseness of civilization. Dig-  
 ressions of this nature often bring the  
 Lecturer to a favourite subject—the  
 limited Economy, a science in which he  
 is profoundly skilled. His knowl-  
 edge in this respect is profound,  
 for we believe he could without any  
 great exertion of memory, state the  
 relative bearings not only of British  
 commerce and manufactures, but of  
 those of every other country where  
 they are cultivated. Of the correct-  
 ness of his views we cannot pretend to  
 speak, but sure we are that they are  
 opposed to the legislative views which  
 have reduced this country to a colony  
 of paupers, and have the merit of be-  
 ing on the side of humanity. Having  
 conducted his lecture, as has been  
 the didactic formality of their Pro-  
 fession; the elevation of the Natu-  
 ralist subsides into the dignified fa-  
 miliarity of the companion—seated  
 upon the end of his table he is sur-  
 rounded by his pupils, and inculcates  
 by a practical illustration

those amenities of life of which he is  
 so warm an advocate, and so perfect an  
 example. Oh it is a pleasing prospect  
 thus to behold the virtues of old age  
 amalgamating with the feelings of  
 youth, and rendering them divine even  
 for a moment, by the contagion of a  
 sympathetic communion. But there  
 are things which will not melt into  
 description even in the most skillful  
 hands, and our admiration warns us  
 to beware. We trust our silence  
 therefore will be more eloquent than  
 words, since neither our limits nor ca-  
 pacity will allow us to enter at greater  
 length into the merits of this talented  
 individual, who presents in his person,  
 the rare combination of the Patriot—  
 the scholar—and an Irishman.

ERINENSIS.

Since the preceding essay was  
 prepared for the press, we have read a  
 letter in the LANCET, corroborating  
 our statements, and complimenting us  
 on our talents. We thank the writer,  
 and hope a continuance of his favour.  
 He blames us for not stating our name  
 --does he set the example himself?  
 He laments our strictures on the col-  
 lege--does he give a single argument  
 to shew their injustice? He condemns  
 the introduction of politics--is it not  
 obvious that it is to our politics, and  
 not to their introduction he is op-  
 posed? He objects to religious inen-  
 dos--can he exculpate the college from  
 the impropriety of keeping in their ser-  
 vice a menial who practically ridicules  
 the religion of the majority of their  
 pupils? He *partisanises* over our per-  
 sonalities--why is he so inconsistent  
 as to follow a precedent which he ab-  
 hors? In one sentence he defines our  
 statements satire--why betray his ig-  
 norance by contradicting his own defini-  
 tion almost in the same breath?  
 Pahaw! is that your vindication "Vir-  
 tux?" We would rather have to  
 contend with a hundred Goliaths than  
 to be under the painful necessity of  
 treading upon one miserable Picro--

ERINENSIS.

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# THE LANCET.

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*Theatre, St. Thomas's Hospital,  
Monday Evening, April 5.*

## LECTURE 50.

*Amputation of the Hand at the  
wrist joint.*

THIS operation is not unfrequently required in consequence of extensive laceration of the metacarpus. Before shewing you this operation, however, let me observe that if any one of the fingers or the thumb remains, it is better not to amputate the hand, as a single finger remaining is often exceedingly useful after injuries of this kind. A boy in the other hospital recently lost three of his fingers and thumb from an accident, but the fore finger remained uninjured; I amputated the other part of the hand leaving the fore-finger, and you would scarcely believe how useful this finger was to him. It is a curious circumstance that this finger increased to a size

very considerably larger than that which the finger of a boy usually acquires; you will see from the cast which has been taken of it that it is quite as large as the finger of an adult. He used this remaining finger in grasping and lifting up bodies with singular dexterity. If the two fingers between the fore-finger and the little finger are injured, their removal will leave the patient a portion of the hand almost as useful as before. I was called to a man at Vauxhall who in shooting had a portion of the middle finger, and the ring finger, carried away; I took out both the metacarpal bones, and the remaining part of his hand was extremely useful to him. Be not in haste, therefore, in such cases to remove the whole of the hand. In performing the operation at the wrist-joint, you are first to feel for the styloid process of the radius; it is better to make a semi-circular incision on the back of the

wrist, and a similar incision on the under side, so as to reach the styloid process of the radius instead of making at once a circular incision. (It is of importance that sufficient integuments should be left to cover the joint completely,) then depress the hand a little, and cut through the transverse ligament of the wrist. The operation is easily performed, and leaves a very neat stump. The radial and ulnar arteries are the only ones which in general require to be secured; the interosseal are not of sufficient magnitude to require securing. In tying the ulnar artery be upon your guard not to include the ulnar nerve, which is close to its side; the ulnar artery is close to the flexor carpi ulnaris, and the radial at the outer side of the flexor carpi radialis.

#### *Amputation of the Fore Arm.*

The amputation of the fore arm a little above the wrist is a very dangerous operation; I have known two instances where the fore arm was amputated three or four inches above the wrist, which terminated fatally. The objection to this operation is that you divide a great number of tendons situated in the fore-arm which suppurate after the operation, and form extensive absces-

ses, which burrow along the arm: tendons are exceedingly apt to slough, where matter has been produced, and in this way occasion the destruction of life. It may be said, that we also cut through some tendons in amputating at the wrist joint; this is true, but at the wrist joint they are so bound down by ligaments that they do not suppurate after the operation; there is skin enough to cover the extremity of the joint, which unites by the adhesive process. Such is the result of experience with respect to amputating in this part; if you are asked where you should amputate? you should answer, at one-third of the length of the fore-arm in tracing it downwards. In amputating the fore-arm you may make a double flap; one on the inside, and the other on the outer side; and this mode of operating is often adopted. In sawing, take care to saw both the bones at the same time. A very good stump is left in this operation: there are four arteries which require to be secured, the radial, the ulnar, the anterior, and the posterior interosseal.

The amputation of the upper arm is similar to the operation

of amputation above the knee: in amputation above the knee, however it is necessary to make make three incisions, as I explained to you in the last lecture; in amputating above the elbow joint two circular incisions will be sufficient, one through the integuments, and a second through the muscles down to the bone; having well freed the bone from muscle, you will proceed to saw it through. The reason for this difference is, that above the knee you require a considerable portion of integument to cover the stump; in the upper extremity the muscles are more bound down to the bone. In amputating above the elbow, the principal artery which requires to be secured is the brachial; in securing it, take care not to include the brachial nerve.

#### *Amputation at the Shoulder Joint.*

The amputation at the axilla is a very simple operation; I may add too that it is a safe operation, for I do not think that this operation adds at all to the danger of the patient, when compared with the amputation of the upper extremity a little above the elbow. After amputa-

tion at the axilla, the joint heals as well and as quickly as after amputation at the middle of the arm. The readiness with which it heals will depend upon the integuments being sufficient to cover the whole of the cartilaginous surface, and upon the constitution of the patient. If the constitution of the patient be not good, there will be danger of suppurative inflammation. The first case in which I performed amputation of the shoulder joint was that of a woman in the other hospital, for exostosis of the os humeri. To ascertain whether the swelling was of an ossific character, I made a small incision through the integuments, put down a probe, and felt the spicule of the bone giving way. It was of great importance to ascertain that the disease was not of a schirrous or fungoid kind, for in this case it would have been useless to amputate. It was necessary in this case to make a double flap, by taking out a portion of integument from the arm as it was impossible to provide a sufficient covering for the glenoid cavity from the deltoid muscle. The second case in which I operated at the shoulder joint, was a curious,



and a novel one. It was that of a boy residing at Worthing, who fell from a horse, and received a compound fracture at the elbow joint, which rendered amputation necessary. It was an admirable stump, and the wound healed quickly. In a short time however the boy began to complain of a great deal of pain at the extremity of the stump; a gradual alteration in its form took place, till it became conical, and at length the bone projected through the stump.—The boy was brought to Guy's hospital, and on examination, it was found that there was, at the extremity of the stump, a swelling on the inner side, which was so excessively tender that he could not bear the slightest pressure. The least pressure produced the most violent spasmodic affections of the muscles; these symptoms increased, the boy's general health gave way, and it became necessary to amputate the limb at the shoulder-joint, when we found the nerves forming the axillary plexus blended together, and forming a large substance like a common ganglion. This had produced the tumour on the inner side of the arm, and the spasmodic affec-

tions of the muscles. Some time after a boy came into the other Hospital who had had his limb amputated below the knee. The operation had been well performed by Sir CHARLES BLICKE; a good stump was left and the boy was discharged as cured, from St. Bartholomew's Hospital. Within a few months he came back complaining of great irritation at the extremity of the stump, which had become conical; the extremity of the bone was sawed off, and he was discharged a second time apparently doing well. Soon after, however, the bone became again conical, and extremely irritable; he was brought into the other hospital, where, believing that there might be a swelling at the extremity of the popliteal nerve, which produced effects similar to those in the former case, I made an incision into the ham, sawed off the bone at the back part of the stump, and removed a portion of the nerve which was swollen to the size of the extremity of the finger. Mr. H. CLINE has since removed a similar ganglionic substance in a person whose stump became conical, and extremely irritable. In all such cases it will be right to saw off

the bone so as to lay bare the extremity of the nerve, and remove the portion of enlarged nerve; above the knee the sciatic nerve will be affected, below the knee the posterior tibial nerve. The French, in performing the operation of amputation at the shoulder joint, make a flap before and behind the joint; we do not do this, but I do not mean to say that their mode is not quite as good as ours. There is no necessity for the tourniquet in this operation; a finger may be put on the artery while you are making the flap, but even this is unnecessary, for all that is required is to divide the artery last, and put your finger upon it at the moment of dividing it. Place the patient in a chair; slit up the deltoid muscle, and introducing the knife, make a flap from the head of the os humeri; it is better not to make the other incision through the integuments, until you have dislocated the head of the bone from the socket. The next thing you have to do is to cut into the joint; dividing the capsular ligament, the head of the bone is easily dislocated from the socket. Carry the knife in a circular direction, and put your finger upon the

artery while you are turning the head of the bone from the socket. The axillary artery is the only one which requires to be secured; I have never known a patient die from the operation of amputation at the shoulder joint; but I have heard of cases in which the patient has died from hemorrhage caused by sloughing of the artery some days after the amputation.

#### *Amputation at the Hip Joint.*

This operation has been several times performed, and in several instances with success. I recollect the time when this operation was a little criticised by surgeons, and I remember the following story being told of Mr. BROMFIELD, who performed this operation. Mr. BROMFIELD was attending a Nobleman, who observed that his hands were a little bloody; this led to some conversation about our profession, and Mr. BROMFIELD said he had just been amputating a man's thigh at the hip joint. Good God! Mr. B. exclaimed the Nobleman, how can you talk of such horrible things? Three or four days after, the Nobleman enquired about the patient who had undergone this operation, and Mr. BROMFIELD replied, that he had lived forty hours after it.

"And was that all, said the (Nobleman,) after putting the man to such dreadful agony?" The amputation at the hip-joint, however, Gentlemen, has been so often performed with success that it may now be considered as one of the established operations of surgery. Mr. BROWNLEY, a military surgeon, first performed it during the late war; he did it without putting any ligature on the artery in the first instance; it was only compressed. Mr. GUTHRIE also performed this operation with success during the late war. He also performed the amputation through the trochanter major without securing the artery in the first instance; I compressed the artery myself in that case. The amputation at the hip-joint has been performed in the same way successfully by M. LARREY and many other Surgeons; but notwithstanding the great respect I entertain for these authorities, I am disposed to think that the operation cannot be safely performed without securing the artery in the first instance. When you do not secure the artery in the first instance, what is likely to happen is this: when you have to divide the femoral artery as near to Pou-

part's ligament as possible, and put a ligature upon it, the man becomes so faint under the operation, that he will be unable to support it. I have, in such a case, been obliged to suspend it, to give the patient wine, and chat with him in order to rouse the vigour both of his body and mind. The operation will certainly be most safely performed by tying, in the first instance, the femoral artery, under Poupart's ligament, above the origin of the arteria profunda. A question in the first place arises whether we should perform the operation of amputation at the hip joint, when it can be done through the trochanter major. I say no. Unless the disease of the thigh-bone extends quite up to the joint, as is the case in which I recently performed the operation, it is undoubtedly better to saw through the trochanter major, than to cut the bone from the acetabulum. When the acetabulum is laid open, great constitutional irritation is produced by the suppurative process,—abscess after abscess arises, and the life of the patient is put into imminent danger. Though this operation has been occasionally performed

with success, I feel it my duty to impress upon your minds most strongly the danger to which it exposes the patient; it occasions the most violent constitutional irritation, and reduces the patient to the lowest possible state, so that he can with difficulty recover; whereas the operation of amputation through the trochanter major, is attended with very little risk. After the femoral artery is tied, there is no difficulty in the future steps of the operation; a doubt may arise whether the femoral artery is laid bare above or below Poupert's ligament, and to ascertain this, slit up the artery a little to see whether the orifice of the arteria profunda is above or below. As you cannot form a very large flap on the outer side, the principal flap must be made on the inner side. Pass your knife above the trochanter major, along the muscles, and having made your two flaps, the next point is to dislocate the head of the bone, which snaps as soon as the ligament is divided. The French operate with a very long knife, nearly as long as a sword; they pass it down directly into the capsular ligament, until it touches the head of the bone, carry it through the round head of the bone, and cutting through

the muscles along the trochanter major, bring it out at the back of the thigh. The learned Professor performed the amputation at the hip-joint, and the other amputations described in this lecture, on the dead subject.

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### LECTURE 51.

*Wednesday Evening,  
April 7th, 1824.*

In adverting to the subject of complaints in the anus, I have already mentioned fistula in ano; I shall in this evening's Lecture proceed to the subject of

#### *Piles.*

Piles, which are complaints of very common occurrence, are in the first instances an enlargement of the hemorrhoidal veins; they are either external or internal, and the treatment will be somewhat different, according to the situation of the disease. When a person applies to you with external piles, he complains of pain in passing his motions, and tenesmus after the discharge. On examination of the anus, you discover a projection of a livid appearance, which in two or three days, becomes so solid as not to yield to pressure. The blood is coagulated in the hemorrhoidal veins; after a time, the veins become inflamed, the

patient feels uneasiness in going to stool, and observes that his *feces* are tinged with blood. In a short time the pressure of the *feces*, on the internal part of the rectum, brings down the pile, so that it becomes external. The gut is brought down in this way, every time the patient has a motion, and he is under the necessity of pressing upon the part for some time, in order to return the rectum into its original situation. This is a great tax on his time, as well as a cause of considerable suffering; the bleeding is at this time very considerable, and the discharge is attended with great irritability of the rectum.

At length inflammation takes place, which adds greatly to the patient's suffering, and he is often unable to return the rectum, when it has descended. A person is thus exposed to considerable inconvenience and suffering from this complaint, and he is very anxious after a time to have it removed. *Prolapsus ani* is to be considered as the effect of internal piles. I knew a person who held a situation, which required his attendance in the early part of the day, who was under the necessity of rising at a very early hour in order that he might have his

evacuation, and have sufficient time to return the rectum. A piece of lint, dipped in oil, should be applied, when a considerable bleeding takes place from the pile or piles. There is sometimes a discharge of matter, and now and then the piles become ulcerated. With respect to the causes of this complaint it sometimes arises from costiveness, and the pressure of hardened *feces* on the rectum, and is very often a consequence of long-continued diarrhoea; so that opposite causes occasionally produce the same effect. It very often arises from disease of the liver, and congestion of the veins in the intestinal canal. The difficulty of transmitting the blood through the vena porta occasions a congestion in the hemorrhoidal veins, and obstructed secretions in the intestinal canal lead to the same effect. It is a very common consequence of *pthisis pulmonalis*; the subjects of that disease are very commonly sooner or later the subjects of internal piles, with *prolapsus ani*. When piles have existed for a considerable length of time, excrescences are produced in consequence of inflammation. There are three different states of the rectum under this disease: first,

as it is affected by external piles; secondly, by internal piles, accompanied by prolapsus ani; and, thirdly, by excrescences, which are the remnants of the piles, and which possess a high degree of vascularity. The mode in which these excrescences are produced is as follows:—The inflammation of the pile glues the sides of the veins together; adhesive matter is poured out, which becomes organised, and a hard swelling, in which there is a number of vessels, is produced. These excrescences project from the surface a little way up the anus, which is chafed and rendered extremely irritable from this cause. Here are preparations in which you will have an opportunity of seeing them hanging in festoons several inches from the extremity of the anus. With respect to the treatment of this disease, if you are consulted for external piles, and find a little livid projection at the anus, which has existed only for a short time, and yields readily to pressure, you should give some active aperient, avoiding carefully, however, any purgative which has a particular influence on the rectum, as, for example, aloes. You should give castor oil or sul-

phate of magnesia, with infusion of senna, so as to produce a copious secretion from the intestines. Saline purges produce the greatest effect when you wish for a considerable secretion from the intestines; where you wish for a secretion of bile from the liver, give the submuriate of mercury, or the blue pill, with saline purgatives. In this way you relieve the veins of the intestinal tube, and remove congestion. In addition to this you will apply leeches to the swollen part; the best local application is the liquor plumbi subacetatis dilutus. In this way you will generally succeed in getting rid of the disease in this stage. If the pile has continued till it has become solid, you will then pursue a different plan. Put the point of your lancet into the pile, just puncturing the part, and squeezing it between your fingers, you will press out a clot of coagulated blood. When the pile has become diminished, and the vein ceases to be swollen, the liquor plumbi subacetatis dilutus with a purgative will get rid of the disease. So much for the treatment of external piles in their commencement; the treatment of internal piles is more difficult.

### *Of the Treatment of Internal Piles.*

It requires a great deal of experience in many cases to enable a surgeon to make up his mind as to the best treatment of particular diseases, and I will state to you the result of my experience on this subject. I am going to make some confessions, but I have not the slightest objection that they should be made known to the world, because they may prove useful to others. Internal piles commence by a sense of weight and pain in the sacrum; you are seldom consulted, however, until the disease shews itself by prolapsus ani. As a prolapsus ani is entirely the effect of the piles, this effect will scarcely cease unless the causes of it are removed. You may diminish it in some measure by astringent applications, and it is right to try to do so, but you will seldom ultimately succeed. With this view, when the part has descended, you may use a decoction of oak bark and alum, injecting into the rectum with a common gonorrhoea syringe, two grains, which may be increased to four grains of alum in an ounce of the decoction of the oak bark. But this

treatment will seldom avail, when the disease has advanced to any considerable extent; the only way of effecting a cure in such cases will be to remove the piles, and the question then arises how they may be best removed—a question which experience can alone solve. I used to think the removal of the piles by excision the best mode; because I found the pain produced by it very trifling as compared with the ligature, and the prolapsus very easily cured in this way. I remember a case of a Major in the army, who had prolapsus from internal piles, and who suffered so much when the piles were tied, that he could not submit to this operation, but upon my cutting them off with a pair of scissors, the pain was so trifling that he thought nothing of it. If I had never met with any adverse circumstances, I should still recommend the removal by excision, but I must now state the reverses which have occurred to me in this mode of practice; these reverses I feel it my duty most candidly and openly to declare to you. A gentleman from the East Indies placed himself under my care with internal piles, which I re-

moved with the scissors. A very few days after, he complained of pain by the side of the rectum; an abscess formed under the gluteus muscle, which discharged abundantly; his constitution was already broken, and he died in consequence of the discharge. Considering this to be merely a case of bad constitution, which might not apply to any considerable number of cases, I did not give up a practice which I had hitherto found successful in consequence of a circumstance which I regarded as accidental. Five years ago a Nobleman applied to me with internal piles. I was upon my guard in this case, and said I did not like to remove the piles without a consultation. A consultation was held, and the removal by excision was agreed to; I accordingly removed them, and he was well in a very few days. Two years after, he sent for me again, and said that he had some more of these piles with prolapsus ani, and that he wished me to cut them off again. I did so, and as I advised the recumbent posture he went immediately to bed. As I was anxious about this patient I did not immediately quit the room, but stood chatting with him for a

short time, when he said, I believe you must quit the room, for I must have a motion. I went out of the room and upon returning shortly after I found him trying to get into bed, and upon looking into the vessel I perceived a considerable quantity of blood in it. In a few minutes after, he said he must have another motion, got out of bed, and again discharged a considerable quantity of blood. This he did four different times; one of the hemorrhoidal arteries in the centre of one of the piles which had been removed was divided, and as I was determined he should not die of hemorrhage I said I must secure the vessel which bled, and with a speculum ani I opened the rectum sufficiently to see the blood-vessel, took it up with a tenaculum, and put a ligature round it. On the following day I found the patient, who was much advanced in years, extremely weak, he had had a severe rigor, he grew gradually worse, and in four days after he died. On examination of the body there appeared to be some slight disease of the intestines, but not sufficient to account for death; he was seventy-four years of age. A person from



Jersey or Guernsey was attended by Mr. L—— for piles; Mr. L—— removed them with a pair of scissars, but did not see him on the following day. I was informed that he was exceedingly ill, and the next morning, when I went to see him, he told me, as well as he could, that he was almost dead; and that he had had an evacuation of such a quantity of blood as could scarcely be believed; on the following morning he died. The last case with which I shall terminate this sad catalogue, is that of the wife of a medical man in the country, who came to London with three piles. They were accompanied with some irritation, and I only removed one of them. There was no hemorrhage, but three days after she complained of a good deal of tenderness in the abdomen, and I was quite sure there was peritoneal inflammation. The symptoms increased, and on that day week she died. On examination I found the peritoneum much inflamed; she had the appearance of one who had died of puerperal fever. I have felt it my duty to state to you the consequences of performing the operation of excision for internal piles, in order to im-

press on your minds that it is safer to treat such cases by a ligature, than by excision. The application of a ligature, however, is exceedingly painful, if it be drawn tightly; it should only be applied so as to interrupt the circulation, and destroy the life of the part, without exciting much pain. Leave the ligature on the part, but if the pile be of considerable size, as the ligature is apt to slip, more especially if the peduncle be large, a strait needle, threaded with a double ligature, should be passed through the centre of the pile and tied on each side. This will excite little pain and prevent the ligature from slipping off; the time in which the ligature comes away is from five to six days. A patient will come to the Hospital, have the ligature applied, and walk away after it is done; it is most prudent, however, to remain for some time in the recumbent posture after the operation. This very morning a gentleman had a ligature applied, and thought so little of the operation, that he would not go home to lie on his sofa, as I advised him. It must not be concealed, that even the application of a ligature has been

known to destroy life. Mr. CRUIKSHANKS applied a ligature to an elderly gentleman from the country: the ligature produced gangrene, which extended beyond it into the rectum, and of this gangrene the patient died. Even this simple operation is not unattended with danger, if the patient neglects himself. He should keep the recumbent posture, and remain as quiet as possible, so that the circulation may not be hurried. Both excision and the ligature, therefore, will occasionally destroy life: but I am quite satisfied from experience, that upon the whole, the ligature is most safe. This is the advantage, gentlemen, of having lived beyond the middle period of life. A young man may have been in the habit of removing piles by excision; he may do this twenty times with success, and consequently believe that the operation is perfectly safe. At length he meets with disappointments similar to those of which I have enumerated four instances: he will then retrace his steps, and consider whether he has been pursuing a right system—whether, upon the whole, some other plan may not be preferable, and his experience will teach him

that the ligature is decidedly the safer operation. But there are other circumstances to be attended to, in the treatment of this disease; internal piles are accompanied with a high degree of fever; they are covered with adhesive matter surrounding the rectum, and the sphincter ani is affected with spasmodic symptoms. Ought you, under such circumstances, to purge the patient very freely? Certainly not. Apply leeches, fomentations, and poultices to the part, and take blood from the arm; for exciting the intestines to action adds so much to the irritation, that if you venture to purge the patient once, he will not be able to bear it a second time. You must endeavour to allay the irritation by local and general treatment; if the inflammation continues for a considerable time, you must give an aperient once in three or four days, but it must not be oftener repeated. Sometimes internal piles undergo a natural cure. A celebrated literary character, to whose case I before alluded, who was under the necessity of rising at an early hour in the morning to perform his evacuations, became, at an advanced age, the subject of inflammation of the rectum.

The result was, a loss of power, in the part; he was for a week in the greatest possible danger, but at the end of that time the piles separated by sloughing, and he got rid entirely of the disease. Nature teaches us the mode in which we should proceed in cases of excrescences, which as they merely form portions of projecting skin, may be removed without the least hazard. When you see at the anus portions of skin, which are the remnants of piles, exceedingly vascular and irritable they may be removed by excision. I remember Dr. Fox had a patient who suffered exceedingly from this cause; the part was excoriated; he had constant tenesmus, and he had taken a great quantity of medicine without benefit. I snipped off the excrescences with a pair of scissors, and the patient was immediately relieved. As the prolapsus remains for some time after the removal of the piles, the best treatment is to inject astringent lotions into the intestine, and to apply the unguentum gallæ to the part. If the prolapsus is obstinate, you may make a little incision by the side of the sphincter ani with a view of producing the adhesive inflammation, so as to glue the rectum to the cellular tissue surrounding it. This cannot however be done without danger in certain constitutions.

#### *Of Polypi.*

Before I quit this subject I should observe that polypi sometimes spring from the rectum. Most mucous surfaces produce polypi, and the rectum among others. There is a pre-

paration on the table exhibiting a polypus in the rectum; there is one in the College, exhibiting a polypus in the internal surface of the bladder. These appearances may excite your surprise when you meet with them, and I think it right therefore to describe them to you. They generally occur in children, and very rarely in adults. The most advanced age in which I have met with them is twenty-two. The child, whose case I described to you, who sat upon a needle which entered the bladder, and formed the nucleus of stone, had a polypus which extended for a considerable length up the rectum. Its mother found something red descending, which was found to be a polypus reaching three inches in length up the bowel. It was extremely vascular, of the same size throughout, and of a florid red colour, having nothing of the character of a pile. I found it hanging down from the centre of the anus, and on taking hold of it I drew down the rectum by it. This was the first case of the kind I had seen; I had never before heard of the disease. The child was brought to my house, and on drawing down the rectum, I removed the polypus with a pair of scissors. While I was at lecture a person came from an inn at the Borough, where the parents of the child were staying, and told me that the child was bleeding very much. I requested Mr. H. CLARK to go to the inn, who found that the bleeding was inconsiderable, and the child did extremely well. The way in

which I have since removed polypi has been by drawing them down so as to bring into view the part of the rectum from which they spring, and when this part is brought into view, to put a ligature round them, and remove the part below the ligature with a pair of scissors. I have seen in the course of my life ten cases of this kind, most of which occurred in infancy; two of them occurred at the age of puberty. I shall proceed with the subject of polypi in the ensuing Lecture.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

*April 15.*

*William Goddard, from page 415, Vol. 2.*

In our last notice of this case we stated that the scrotum on the side of the wound and the wound itself were painful, and for which a bread and water poultice had been applied.

This pain continued to increase until the following Sunday, when an erysipelatous inflammation made its appearance at the edges of the wound, and rapidly extended over the inside of the right thigh and over the nates; his pulse was intermittent, and he had frequent rigors. Over the inflamed surface the spirit wash was applied; his diet was directed to be of the most nutritious description; the cinchona bark was frequently and freely given, and he was likewise ordered a pint of port wine every twenty-four hours. A perseverance in

this treatment until the following Thursday succeeded in dispelling each dangerous symptom; his strength has now materially increased; the wound has nearly healed, and we expect that this man will in a few days be discharged cured.

*Kirton, from page 416, Vol. 2.*

There is still some discharge from this lad's stump; the matter seems to have its origin rather high up among the flexor tendons; a poultice is still applied, and there appear at the edges of the wound healthy granulations; there is an entire absence of constitutional irritation and the lad may be said to be going on favourably.

\* \* In our last report of this case, page 416, for *stomach* read *stump*.

*Joseph Staircross, from page 416, Vol. 2.*

On the following Monday the pain in the stump returned, and it likewise extended up the thigh. He was thirsty, bowels confined, and tongue furred. On Tuesday he took a dose of the house medicine, after the operation of which, his fever considerably lessened, the pain, however, which had previously existed still continued particularly severe until the following Friday, when upon an examination of the stump by Sir ASLEY COOPER, that gentleman discovered a small abscess at the outer side of the stump, close to the end of the fibula; he punctured the tumour by means of a lancet, and permitted the pus to escape. This apparently trifling operation was productive of great comfort to the lad; the pain in the stump

no longer existed; his fever disappeared, appetite returned, and since that period he has been in a very promising state; the wound is now nearly healed.

*Friday, April 2.*—This day Sir ASTLEY COOPER removed about one third of its length downwards the right arm of JOHN N—, in consequence of a very great enlargement of the elbow joint from fungus hæmatodes; this man was stated by his friends to be but sixty-three years of age, although in point of personal appearance, childish state of mind, and enfeebled constitution, he seemed at least fifteen years older.

The swelling of the elbow had existed for upwards of a year and notwithstanding every plan of treatment that had been adopted, obstinately increased, it was evident there could be no hope of recovery but from the removal of the diseased limb and but slender hope even from it, in consequence of the man's extreme debility. After the operation, for three or four days, he seemed to be doing well; about this time, however, he lost his appetite, became feverish, had considerable oppression of the chest, with difficulty of breathing, a quick, weak pulse, and, on the Monday week after the operation, at nine o'clock in the evening he died. The post mortem examination has not yet been made.

*James Jude*, ætät eleven. Was admitted into the hospital in January last: he had for a long time previous to his admission been afflicted by scrophulous enlargements of the glands of

the neck, consequent abscesses and ulcerations, together with a scrophulous swelling of the left elbow joint. By the exhibition of oxymerc, hydrarg, cum tinct, cinchon, and a highly nutritious diet, several of the ulcers in the neck healed; the disease of the elbow, however, continued to increase, and it was obvious that the irritation which it produced would inevitably destroy him if permitted to continue. The state of his constitution, however, was so weak, and the action, of the heart so exceedingly debilitated, it was even feared that the powers of the system might sink from the shock which an amputation would necessarily occasion, and on Thursday last, when this lad was taken into the operating theatre, his pulse could not be felt at either wrist, so feeble was the vascular action; of course under these circumstances it was deemed prudent to defer the operation, and Mr. KEY ordered him to be taken back to the ward until a future period. On Friday, the lad was found to have rallied in a trifling degree, and Mr. KEY removed the arm, about a third of its length downwards. It was astonishing to observe on the following day, the ease of body, and tranquillity of mind, which the removal of the disease had produced. During the night, his constitution received the benefit of several hours uninterrupted sleep, a degree of repose he had for some months been an entire stranger to, and it was particularly pleasing to notice on the succeeding day (Saturday) that the painful anxiety, which, from

the time of his admission into the hospital, had so continually been expressed in his countenance, had now given place comparatively speaking to a smile of gladness; he spoke with delight of the happy change he had undergone, and regretted having for so long a period refused to have that operation performed, which he now found had, in so short a time, relieved him from the most excruciating torture. Although he was thus free from pain, yet his appetite did not return. He continued to become gradually weaker and weaker, until eight o'clock on the Monday week after the operation, when he expired, without either a groan or a struggle. The stump had not been painful, and looked remarkably well.

No *post mortem* examination has yet been instituted, but we understand there will be one, the result of which, together with that of the preceding case, we shall publish in our next report.

On Friday, 2nd inst. JANE MALVEIN, *ætat* 46, was admitted into this hospital, having strangulated femoral hernia of the right side. It had been strangulated from the preceding Monday; before her admission she had been twice bled; the warm bath used, and the taxis employed all unsuccessfully. After her admission, she was again bled, again put into the warm bath, and the taxis again tried; these measures still proving ineffectual, at eleven o'clock on the same evening, about three hours after her admission, she was taken into the

theatre, and an operation for her relief was performed by Mr. KEY. The tumour was about the size of a large hen's egg, and had existed five years, as we before stated it had been strangulated at the time of her admission, five years ago; having been in great pain, and not having had an alvine evacuation since the preceding Monday. Mr. KEY commenced the operation by making a perpendicular incision over the middle of the tumour of about two inches or two inches and a half in length. This incision was begun as nearly as we could judge, about one inch above the ring; the first cut through the integuments was then crossed at the bottom by a longitudinal incision at right angles with the former, thus giving it the appearance of an inverted T. Having dissected carefully down to the sac, the sac itself was then pinched up and carefully opened by giving the blade of the knife a slanting direction; as soon as the sac was opened there escaped a small quantity of dark coloured fluid; a small fold of intestines was found to be firmly embraced at the neck of the sac. Mr. KEY now introduced a director through the stricture, a probe pointed bistoury was then passed along the groove of the director, an assistant at the same time pressing down the intestine to prevent its being injured when Mr. KEY divided the stricture upwards with the edge of the knife directed towards the umbilicus, the intestine was then returned with the utmost ease into the cavity of the abdomen and the

edges of the wound having been brought into contact by straps of adhesive plaster, the woman was taken back to the ward and put to bed, at which time she expressed herself so much more easy; at the expiration of two hours she had a copious feculent evacuation and several others in the course of a few following hours. From that time to the present (April 15,) she has been free from pain; her bowels continued relaxed and there has not been the slightest return of the obstruction.

April 15th.—During the past week there have been thirteen accidents admitted into this Hospital, among which were two cases of fractured ribs; a case of fractured scapula; a fractured thigh; a severe case of burn; cut throat; fractured radius; laceration of scalp, fractured leg and thigh (same man); dislocation of the humerus; and a case of concussion. The subject of this case, THOMAS TUCKWOOD, a young man, was admitted under the care of Mr. MORGAN, on Friday last.

At the time of his admission, April 8th, he was in a comatose state, his pupils slightly dilated; if spoken to sharply would answer; his pulse slow and labouring; when roused complained of excessive pain in the forehead, the part where he had received the blow, and which blow was occasioned by the falling of a very heavy bed-post. Immediately after his admission he was bled to the extent of 3xiv, and twenty leeches were applied to the temples; the loss of blood by these means produced considerable relief, the

drawings no longer existed, the pulse became more free, and the pain of the forehead nearly gone. On the following day however this pain returned with great severity, when thirty additional leeches were applied to the temples: likewise some cathartic pills composed of hydrag. submur. et extra colocyth. comp. which had been given on the previous day were repeated, the loss of blood from the leeches and its determination to the intestinal canal, from the irritation of the cathartic, together contributed to ease the head, and in the afternoon the pain subsided. Since Saturday, no symptoms have appeared worthy of notice, he has been kept on a low diet, and the purgative pills occasionally repeated. This man is rapidly recovering from the effects of the accident.

## ST. THOMAS'S HOSPITAL.

April 15.

HENRY PRINCE, the little child from whom Mr. TRAVERS extracted a urinary calculus, on the 12th ultimo, has now perfectly recovered from the effects of the operation, and is entirely free from symptoms of stone. In giving the concluding notice of this child's case, we cannot refrain from pointing out to the benevolent governors of Saint Thomas's the former and hopeless prospect of this poor little infant. Through their benevolence and the skill of their medical officers, he is restored to health, but if their liberality be not extended to

yond the limits usually prescribed to the patient of the hospital, we apprehend his rescue from death will prove rather a source of misery than happiness. We are informed that he is the offspring of parents who have had the inhumanity to forsake him, and who have consigned his welfare to the casual stranger. Should this child, now scarcely more than two years of age, be discharged from the hospital, we believe it is uncertain even to what parish he will be sent, much less to what friend; therefore unless the governors humanely interfere to shield this infant and continue their protection, we fear they will only have kept him from one grave to which he was fast approaching for the purpose of sending him by a more painful and harassing route to another. Now as we know that many of the governors peruse the columns of *THE LANCET*, we hope they will take the distressing circumstances of this orphan's case into consideration, and protect him from that want to which we fear he will otherwise be inevitably doomed.

*I. H. Temporal Aneurism case continued from page 146, vol. II.*

On Tuesday the 30th, four days after the operation, an erysipelatous inflammation made its appearance at the wound and rapidly spread over the head and face on that side.

**May 1st.**—Erysipelas still increasing, was ordered pil. colocyth. statim et infus.

rose et magnes. sulph. ter in die. vs. ad 3 viv.

**APRIL 2nd.**—The violence of the inflammation has considerably abated, and the swelling of the head greatly diminished.—Pulse 94, and soft; ordered R Hydr. submur. gr. j. opii gr. j. 6 tis horis.

Cerevis. lbj. vin. Rubr. lbj.

This man's case did not undergo any very material change from the above date, until the following Wednesday morning, at which time the tumefaction of the scalp and face became much worse; he was delirious; restless; had a quick hard pulse, together with stertorous breathing, and at half-past nine o'clock in the evening of the same day, he died. The body was not examined, as the consent of the friends could not be obtained. In our last report of this case we stated that we were unable to explain how it could have happened that four arteries of considerable size could have communicated with the interior of the aneurismal sac if the aneurism had been formed, as was imagined, from neglecting to divide the vessel after the operation of arteriotomy: we at the same time promised to recur to the subject at some future opportunity, and in the mean while, endeavour to ascertain the manner in which the flow of blood had been stopped by the gentleman who opened the temporal artery. Our inquiries have not yet been attended with success, but, we believe, that the particulars will shortly be in our possession, we shall then return to the subject, and the more especially



cially from the disease having ended in the destruction of life, for, from whatever cause the tumour originated, as it is attended with such fatal consequences, it cannot be too cautiously avoided by surgical practitioners.

*April 3rd.*—Mr. TRAVERS, this day removed a small tumour from the right side of the neck immediately under the submaxillary bone, and immediately over the facial artery; the tumour was about the size of a large walnut. It had existed for several years, and resisted every application employed to disperse it. Mr. TRAVERS, having made a transverse incision through the integuments, the tumour was easily dissected from its bed, but in accomplishing this step of the operation it appeared from the hemorrhage which ensued, that the facial artery had been divided and on attempting to apply a ligature upon the bleeding vessel, it had so retracted that it neither could be got hold of by the forceps, nor pierced by the tenaculum; after a considerable time spent in these fruitless efforts, Mr. TRAVERS introduced a piece of sponge into the wound, placed over it a wad of lint, and then pressed these firmly upon the part by means of a bandage, carried over the head; this expedient completely succeeded in arresting the flow of blood. The sponge was discharged with a small quantity of pus, on the 7th day, at which time no repetition of the bleeding occurred, nor indeed at any period since the operation. The wound at present is rapidly healing, and the patient doing extremely well; the tumour was

not examined after the operation, therefore we are unable to state of what it was composed.

*April 5th.*—HENRY BUCKMASTER was this morning admitted in consequence of having had the toes of his left foot dreadfully crushed by the cog wheel of a steam-engine; Mr. GREEN removed all the toes with the exception of the great toe at the metatarsal joints, the great toe he amputated between the first and second joint, thus preserving the anterior fulcrum of the foot, a circumstance of very great importance, and which, in amputations of the great toe should always be borne in mind for the removal of even half an inch of bone at this part may occasion the most serious impediment to the progression of the foot ever after.

This man has been doing exceedingly well from the moment of the operation.

*April 7th.*—G. W. was this day brought to the hospital on account of a dreadful laceration of the left hand, from an explosion of half an ounce of the oxymuriate of potass, the metacarpal bones of the middle and ring fingers were fractured; the integuments completely torn through between these fingers; the vessels and nerves exposed; the skin between the thumb and index finger likewise divided, and the adductor muscles of the thumb separated to the distance of at least half way back the metacarpal bone of the index finger. Mr. GREEN removed the middle finger by sawing through its metacarpal bone a little above the fracture; the fingers and the other lacerated

parts were then brought together, by straps of adhesive plaster, and the man put to bed; a poultice was afterwards applied over the hand, and although the injury was of the most serious description, this patient has not yet had an unfavourable symptom.

No operations have been performed at this hospital during the present week, and the only accident admitted was a slight injury to the left knee of a man, occasioned by a fall from the pavement.

## MIDDLESEX HOSPITAL.

*Friday, April 2d.*

A boy\* was admitted who had fallen from the scaffold of a church, fifty or sixty feet high. When placed in bed his pulse was very quick and weak, and somewhat irregular. Pupils dilated, and insensible to light. There had been a considerable hemorrhage from the nose and mouth, and the upper lip was very much swollen. There was an evident injury of the nasal processes of the superior maxillary bones, and it is probable that the ethmoid may also have suffered. His breathing was oppressed, but not stertorous, and stupor or coma was present from the commencement.

April 3d.—Much the same as yesterday. Breathing almost stertorous. Pupils dilated. Pulse quick and weak. Suffusion of the face. Skin hot and dry.

Venesection ad 3 xij.

Pulvis jalape compositus gr. xij.

\* JOHN ANGEL, *med. D.*

*Statim sumendus.*

After the bleeding the pulse became more frequent and weak. The scalp to be shaved, and the lotion of acetated ammonia to be constantly applied.

4th.—The laxative powder exhibited yesterday, did not operate, in consequence of which an enema was administered, by which a copious evacuation was procured. Pulse 120 and weak. Pupils dilated. Skin hot and dry.

R Hydrargyri submuratis gr. j.

Pulveris antimonialis gr. iij. fiant, pilula omni nocte sumenda.

In the evening he was very slightly sensible.

5th.—Pulse 130, weak and inelastic. Has some disposition to take nourishment, and is sensible of its presence when brought near his mouth. In other respects the same as yesterday. Bowels open.

Hirudines xij temporibus.

6th.—No particular alteration.

7th.—Somewhat more sensible. Takes his food when offered him. Pulse 110. Skin more natural. Bowels open twice. He has still a great propensity to sleep, which he indulges during the intermission of exhibiting the spoonful of food, and not unfrequently whilst in the act of swallowing it.

Emplast. lyttæ Fronti, being apparently nearest the seat of the injury.

8th.—No particular alteration, bowels open once or twice—skin

rather moist—animal sensibility\* somewhat more distinct—omit the pills.

9th.—Tolerably sensible to-day—pulse 100, bowels regular—skin rather above the healthy standard—tongue clean—complaints of pain arising from the angle of the lower jaw and extending down the left arm—says he has no pain in the head—has still a great disposition or propensity to sleep.

10th and 11th.—No particular alteration.

12.—Pulse about 90 and weak, skin natural—appetite tolerably good—bowels not open since yesterday—still complains of pain at the angle of the jaw, and is indisposed to allow an examination of the part—drowsiness still continues.

R. Pulvis, jalapæ, compositis gr. xv. Statim sumendus.

13th.—Bowels open twice—in other respects the same as yesterday.

18th.—There have been no operations at this hospital since our last report, nor have any accidents worth recording been admitted.

## CHEMISTRY.

Liquida, like aeriform bodies, are sensibly expanded by heat; and the rate of their expansion appears to be governed by their respective densities.

The common spirit and quicksilver thermometers are familiar

\* By this we mean, the perception of touch, and a variety of other impressions which sometimes co-exist, with a total abolition of the mental faculties.

instances of the expansion of fluids by heat: it is in virtue of this property, that liquids are employed for the purpose of measuring temperature and more particularly because liquids are enlarged by a certain intensity of heat to the same extent at one time as at another.

The principle of the thermometer, and of the expansion of liquids by heat, may be shewn by the following experiment:—

Fill the bulb of the bolt-head already described, with any liquid—and immerse it into a basin of hot water. The liquid in the bolt-head will expand by heat, and a portion of it will be pressed up the tube. The intensity of heat is measured by the degree of expansion produced; which is known by noting the quantity of fluid drawn into the tube, and the height it rises. The rate of expansion in different liquids may be observed by filling the bolt-head successively with ether, water, oil, or quicksilver, and noting the height that each has risen in the tube, on the application of a given temperature; they will be found to vary considerably, showing that all fluids do not expand alike.

Water, and other fluids at a certain temperature, are so far expanded as to be converted into steam or vapour. The phenomenon of "boiling" is produced by this change, and rapidly takes place in that state of the liquid. The rapidity of the conversion of water into steam, in boiling, is proportioned to the quantity of heat applied in a given time; for it is found by

experiment, that a certain quantity of steam requires or absorbs a specific portion of heat to preserve water in this state; therefore, the quantity of steam formed in boiling, is always sufficient for carrying off the extra quantity of heat given to it; and the liquid, in consequence, never exceeds a certain temperature. The point of heat at which liquids boil is various—water boils, under ordinary circumstances, at  $212^{\circ}$ ; mercury at  $400^{\circ}$  &c.; but if the quantity of steam necessary to carry off the constant addition of heat, be prevented from forming or passing off by mechanical means, water may not only be heated to a temperature far exceeding this point, but may be prevented from boiling altogether. In fact, water is found to boil at a temperature proportioned to the force of mechanical pressure exerted on its surface. Thus it may be made red hot under great pressure; and, vice versa, it will boil at a very low temperature, when pressure is removed; as, for instance, when the pressure of the atmosphere is removed from warm water in the exhausted receiver of an air pump. This may be shewn by the following experiment:—Fill the bolt-head, about half full of water, hold it over the flame of a lamp until it boils; allow it to boil for a second or two, so that all the air above its surface may be displaced by the steam which rises from the boiling water; now remove it from the lamp and the boiling will of course cease; place the finger, at this moment, firmly on the open end of the tube, and introduce the bulb into

cold water. The steam which exists above the surface of the water in the bulb will, by this means, be condensed; and as the air cannot enter on account of the finger being placed on the open end of the tube, a partial vacuum will thus be formed; of course the pressure of the atmosphere will, in a great measure be prevented from affecting the water. In consequence of this, the water will commence boiling within the bulb, when it is thus plunged into a vessel of cold water: if the finger be now removed, so as to admit the atmosphere, all ebullition will instantly stop. If the tube is painfully hot, a little peg of wood to stop the open end may be used; care should be taken, that it fits air tight, otherwise the experiment will fail.

One other experiment we shall notice, shewing the expansion of liquids into aeriform bodies by heat. After having nearly filled the bolt head with cold water, pour into it about a drachm of sulphuric ether, and invert the stem of it perpendicularly in a basin of water. Now pour hot water on the outside of the bulb, which is uppermost; the heat of the warm water will so expand the ether within, that it will be converted into vapour, and force all the water out of the bulb into the basin below, in which the stem is inverted; if cold water be now poured on the bulb, a condensation of the ether will be effected, and the water will rise up through the tube to fill the vacuum.

It may be stated as a fact, tolerably near the truth that steam increases or expands in a geometrical ratio, by the application of heat after it has once formed, and of course the mechanical power which it exerts in virtue of that expansion is increased in the same proportion. If for instance, a given quantity of heat has been employed to raise steam to a certain point of expansion and power which we will represent by the number 1, a similar portion now applied, will increase that power to 2, a second to 4, a third to 8, and so on in a geometrical proportion, and hence it is that high pressure steam engines are more powerful and economical than low ones. If this law extends or obtains to very high degrees of expansion the higher the temperature of the steam employed in working engines the better. So much for theory.

Mr. PERKINS in an engine for which he has obtained a patent, instead of steam, heats a small quantity of water to a very high temperature, by submitting it to the fire, confined in a tube made in a strong flask of metal, which he calls a "generator." In consequence of this pressure, the water is prevented from resolving itself into steam, and consequently from carrying off any heat that may be applied. The mechanical power on the engine is effected by opening a valve in the generator, through which a small portion of water is forced into a cylinder immediately before a piston, and there converted into steam of very high temperature

and power, which by its expansion drives the piston onwards.

Whether the heating of water or steam be the most advantageous or economical to be employed for mechanical purposes we cannot decide; this we know, that there are some curious phenomena connected with sudden generations of mechanical force, which we apprehend will materially interfere with the application of the former

#### DR. JAMES JOHNSON, AND "THE LANCET."

DR. JAMES JOHNSON'S CLAIMS TO  
LITERARY RESPONSIBILITY.

#### *To the Editor of The Lancet:*

SIR,—In your last number you stated that you would not merely assert, but demonstrate the misrepresentations which you impute to Dr. JOHNSON. Now, although I admit that Dr. JOHNSON has made some careless assertions in the postscript to his letter, there is one very material point in which Dr. JOHNSON's statement is only met by a counter-assertion on your part, and as the character of a brother physician is involved, I am bound to believe that Dr. JOHNSON's statement is correct. Dr. JOHNSON states that the patient was not M. MAGENDIE's at all, but that that gentleman was called in to try the injection of warm water into the veins." This, you say, is a desperate attempt to prove the case as given in the *Archives* to be more authentic than M. MAGENDIE's account of it, when, in fact, M<sup>rs</sup>. MAGENDIE actually makes an apology for having performed the operation, in consequence of

the urgency of the symptoms, in the absence of the physicians, and without consulting them. Upon looking into MONS. MAGENDIE's history of the case as given in your own publication, I find not a word of any such apology having been made by him. In justice to Dr. JOHNSON, Mr. Editor, you are bound to retract an assertion, which has placed the literary character of a respectable physician in a very equivocal light.

JUSTUS.

*St. Thomas's Hospital.*

#### THE CLAIMS DEMONSTRATED.

We had no intention of continuing our dissection of Dr. JAMES JOHNSON this week, but the indiscreet zeal of his friend has recalled our attention to him, and affords us an opportunity of placing his literary character in a more unequivocal light than that in which we left it last week. JUSTUS is right in observing that M. MAGENDIE's apology is not to be found in our translation of the case, but he jumps too hastily to a conclusion in favour of Dr. JAMES JOHNSON. The very circumstances on which JUSTUS has raised an argument in favour of Dr. JAMES JOHNSON's literary innocence, is that which will most effectually convict him. The fact is that M. MAGENDIE's apology for making the experiment in the absence of the physicians, and without consulting them, is to be found in a note, which, as it was not material with reference to the case, we did not insert. It is the absence

of this note, which has enabled Dr. JAMES JOHNSON to persist in the intrepid attempt of endeavouring to cajole his readers into the belief that the case in the *Archives*, which he gives in his Journal for March, was more authentic than M. MAGENDIE's history of his own experiment, which appeared in "The Lancet" of December. The following is the note in MONS. MAGENDIE's *Journal de Physiologie*.

(Si le cas n'eut pas été aussi pressant, je me serais fait un devoir de prier mes confrères de l'Hôtel-Dieu de vouloir bien se réunir, et je me serais borné, à leur proposer le moyen que j'ai mis immédiatement en usage : j'ai agi même en l'absence de M. Caillard qui m'avait fait demander, tant les circonstances me paraissaient extrêmes.)

"If the case had not been so pressing, I should have considered it my duty to beg my learned brethren of the Hôtel Dieu to meet together, and I should have confined myself to proposing to them the mode of treatment, which I immediately put into execution; I even acted in the absence of Mons. CAILLARD, who had caused me to be sent for, so extremely pressing did the circumstances appear to me."

Let the reader compare this with Dr. JAMES JOHNSON's assertion in his Postscript. It is evident that, even if the Physicians had witnessed the operation, and the account in the *Archives* had been published under their sanction, it could not have been regarded as equally authen-

tic with the history of the case by the celebrated Professor who performed the experiment. But our readers will now see that the Physicians were not even present during the experiment; and that the statement on which Dr. JAMES JOHNSON endeavours to build an argument, for reconciling this readers to the 'chaff and bran' of the Medico-Chirurgical Review, is absolutely and gratuitously false. The position in which Dr. JAMES JOHNSON stands, as the Editor of the Medico-Chirurgical Review, is at once ludicrous and humiliating. The more he has endeavoured to extricate himself from it, the deeper has he plunged into the mire of subterfuge and misrepresentation. By his impotent attempts to shake the reputation of THE LANCET he has succeeded only in calling forth such an exposition of the character of his own Journal as must infallibly consign it to public contempt and oblivion—

—Nec lex est aequalis illis  
Quam hec artifices arte perire sua.

## FOREIGN DEPARTMENT.

*Case of Rupture of the Axillary Artery, in a successful attempt to reduce an old luxation at the shoulder joint by W. Grison, M. D. Professor of Surgery in the University of Pennsylvania.*

JAMES SCOFFIELD, fifty years of age, of intemperate habits, and foreman at the Penns. Greys Cotton Factory, in Chester creek, applied to me on the 10th of May last, on account of a dislocation of the left arm, at the shoulder joint, produced two months before, by the weight of a heavy chest, which fell upon him, upon a cart, while he was driving it along the road. A phys-

cian was immediately sent for, who stated that the arm was fractured just above the elbow, and must be secured by splints and bandages. These were, accordingly applied and continued, about two weeks, when the bone was declared so far united as to render the dressings unnecessary. No notice, according to the patient's account, was taken of the shoulder, although, from the first, the swelling had been considerable, and the pain very severe. A short time afterwards the patient consulted Dr. Dutton, of Village-Green, Delaware county, who, discovering that the os humeri had been luxated at the shoulder, and still remained displaced, determined to make an effort to restore it to its natural situation. With this view the patient's body was securely bound and rendered immovable; three pints of blood were drawn from the right arm, whilst a strong sheet was twisted around the injured arm, above the elbow, and its ends given to five strong men, who were directed to keep up a constant and steady extension, which was continued for some time, and frequently repeated, but without any benefit. The patient suffered, as he remarked, a good deal, from this attempt to restore the bone to its place, and was debilitated by the loss of blood; still he was willing to undergo any torture, provided there was the slightest probability of his arm being again rendered useful. For this purpose, he came to Philadelphia, and consulted Dr. Humphreys, by whom he was referred to me. It was evident, upon examination, that the head of the os humeri had been separated for a considerable time, from the glenoid cavity; for I found it so firmly lodged in the axilla, that the arm would scarcely admit of any motion, and the slightest movement occasioned pain. After explaining to the patient the uncertainty of any benefit resulting from a further attempt to reduce the bone, and pointing out to him the suffering that must necessarily follow the efforts to restore it, I determined to make the trial, and for this purpose requested him to meet me on Monday the 18th of May, at the Alms House. Having arranged the necessary apparatus, I desired Mr. Chubb, one of the house pupils, to bleed the patient in the right arm. While the blood was flowing, a phys-

side hand, with an iron plate and ring secured to it, was fastened around the wrist. A larger roller was then fixed in the axilla, and over this a sheet, folded diagonally, the ends of which were carried before and behind the chest, towards the opposite shoulder, and fastened to a hook. This sheet served for the counter extending hand. Pulleys were next attached to the ring at the wrist, and every thing being prepared, I commenced the operation. (In presence of Drs. Humphreys, Horner, Jackson, the resident physicians, and students of the house, and several other spectators), by setting the pulleys in motion, and keeping up, for several minutes, a continued but steady extension and counter extension. This fatigued the muscles of the arm considerably, and the patient was sensibly affected by the loss of nearly two pounds of blood, but did not faint. I then relaxed the pulleys, and taking hold of the arm, near the elbow, used it as a lever, and communicated a rotatory motion, in hopes of breaking up the adhesions and adventitious ligaments connecting the head of the bone to its new socket. Additional attempts were made with the pulleys, supposedly without the slightest effect. Dr. Horner now proposed to change the direction of the force of the counter extending hand, by fastening a hook in the floor, seating the patient on a chair, and passing the middle of a strap over the point of the acromion process, in order to secure the scapula. This was, also, tried, but with no better success. I next disengaged the extending and counter extending bands, and laying the patient out upon the table, placed one of my heels in the axilla, while I produced extension, by pulling at the patient's wrist. The same was done by a house pupil Strudwick. Finding these efforts unavailing, another attempt was made by means of sheets, fastened above the elbow and under the arm-pit. Five or six assistants took hold of the ends of each, and pulling steadily for some time, the head of the bone was perceived gradually to yield. It quickly returned, however, nearly to its former position, as soon as the efforts were discontinued. By this time the patient was greatly exhausted, and the sheets very much relaxed, when Dr. Horner requested him to lay on the floor, and that they same time stretched

himself down opposite to him, and taking hold of the wrist, made a continued but forcible extension, while counter extension was effected by his heel in the axilla. During these efforts the head of the bone gradually approached the glenoid cavity, and at last entered it. The slightest movement, however, was sufficient to throw it out again, which led me to suppose that a portion of the capsule might be interposed between it and the socket, and would require further dissection before the reduction could be entirely accomplished. But the patient was too much overcome to make any further attempt at that moment, and was therefore put to bed. On visiting him half an hour afterwards, with Dr. Humphreys, I found the head of the bone resting on the lower edge of the glenoid cavity, and a hollow under the acromion. I took hold of the arm, and made two or three slight rotatory motions, when it slipped suddenly into its place, and was completely reduced. There was a general swelling about the deltoid and pectoral muscles, which was noticed both by Dr. Humphreys and myself, but supposing it to be an approach to inflammation, a consequence to be expected after the efforts made to restore the head of the bone, nothing was apprehended from it. The swelling increased, however, very slowly, for several hours, and although remarked by the house pupils and attendants, did not excite any alarm, inasmuch as the patient complained of little pain, and conversed cheerfully with some of his friends during the greater part of the afternoon. About six o'clock in the evening Dr. Brinton, one of the house pupils, visited him, and hearing that he had a short time before turned over in bed, in restless sleep, and struck with the unusually pallid appearance of his face, was induced to suspect that some unfavorable change had taken place. These suspicions were confirmed, for upon examination the pulse was found scarcely perceptible, and the whole system as much sunk, as to render recovery impossible. Learning Dr. Hopkinson is charge of the patient, Dr. Brinton immediately repaired to my house, and informed me of his condition. Before I could reach him, however, he expired. The appearance of the shoulder and adjacent parts was unaltered, the arm was



the nature of the case; for the pectoral muscle was considerably elevated, and the skin, for some distance about the chest and shoulder, discoloured and ecchymosed, showing, in all probability, that some large artery or vein had been torn across, during the efforts to reduce the luxation. To determine this point with accuracy, I obtained the consent of the patient's friends to examine the body, and at ten o'clock next morning the dissection was made by Drs. Horner and Lawrence, in presence of Drs. Humphreys, Jackson, the house pupils, several students, and myself.

#### *Dissection.*

Three incisions were made—one from the acromion process, along the course of the clavicle, as far as the sternum—another perpendicular to the sternum, and about ten inches long—a third nearly at right angles with the lower extremity of the perpendicular one, and running across the chest towards the arm-pit. The integuments and pectoral muscles being elevated along the edge of the sternum, and thrown backward towards the shoulder, a considerable quantity of coagulated blood was found, filling the cellular membrane, and laying in masses between the interstices of the muscles. In order to ascertain the condition of the large vessels beneath the clavicle, this bone was separated at its juncture with the sternum, and raised. The course of the subclavian artery and vein was then distinctly seen. A small opening was made in the vein, into which a bougie was introduced for several inches, towards the axilla, as a guide during the dissection; but the vessel was found perfectly sound throughout. Under the vein, as it passed near the glenoid cavity, a large mass of coagulated blood was observed, and upon clearing this away, the axillary artery was seen protruding, with its mouth open, having been torn directly across and separated from its connections. Upon further examination, it was discovered that the head of the bone, at the time of the luxation, had been carried downwards into the axilla, about an inch and a half below the glenoid cavity, where it formed a white ligamentous cup-like socket, in the subscapular muscle, and pressing upon the axillary artery, produced such a degree of inflammation as gave rise to a copious effusion

of coagulable lymph, which united the artery completely for some distance, to the capsule of the joint, where it surrounded the neck of the bone. The lower part of the capsule was torn and separated from the neck of the humerus; the upper part remained entire, and was very much thickened. The head of the bone filled completely the old socket or glenoid cavity. Beneath the deltoid muscle there was a large hollow filled with blood, and the whole arm, as far as the elbow, had been extensively injected with the same fluid. The os humeri was carefully dissected from the condyles to its head, and the periosteum entirely scraped off, without showing the slightest vestige of a fracture. The long tendon of the biceps was found considerably elongated, but not ruptured.\*

#### *Remarks.*

The foregoing case must be considered in every point of view, extremely interesting; it was mistaken, it appears, by the physician who first saw it, for a fracture near the elbow, and treated accordingly; a few weeks afterwards the true nature of the disease was discovered by another practitioner, and an attempt very properly made, but without effect, to restore the head of the bone to its natural situation. The patient finding his arm useless, and unable to follow his occupation, determined, notwithstanding his previous suffering from one operation, to submit to another. The trial was made, under every disadvantage, the head of the bone restored to its socket, the axillary artery torn across, owing to an accidental adhesion between it and the capsule of the joint, which could not be foreseen, and the patient died. Persons acquainted with the difficulties often encountered, even in the most simple cases of luxation, will readily understand, without comment, the peculiar nature and the inevitable result of the case I have detailed. For those who possess little practical information on the subject, and who may, perhaps, be led to condemn the efforts to relieve the unfortunate patient, as rash and unwarranted

\* The diseased part being removed, was carefully prepared by Dr. Lawrence, and deposited in the surgical cabinet at the University, where it may at any time be inspected.

able, the following observations are chiefly intended.

The head of the humerus may be forced from the glenoid cavity of the scapula, and lodged in different situations. In nine out of ten cases, however, it rests in the hollow of the arm-pit, having previously ruptured the inferior portion of the capsular ligament. The tumour, formed by the head of the bone, in the axilla, and the unnatural hollow under the acromion process, are signs so decisive of the nature of the accident as not to be overlooked, except by the most careless or ignorant practitioners. To restore the bone to its original position, the surgeon makes *extension* and *counter-extension*, either by the hands of strong assistants, some of whom take hold of the dislocated arm and pull steadily, but forcibly, while other resist, by securing the body or shoulder, or by towels, or sheets, straps, or pulleys, as the case may require. If the force be well directed, and continued sufficiently long to fatigue the muscles, and thereby overcome their resistance, the head of the bone generally slips into its place, without much difficulty. But the slit or rupture in the capsule remains open for a considerable time, and in many instances never closes. Under these circumstances, the patient is continually liable to a recurrence of the accident, and the slightest effort will sometimes be sufficient to induce it. It not unfrequently happens that the surgeon finds it impossible, by the most powerful extension and counter-extension to restore the head of the bone, even in the most recent cases. This is owing generally, as is now well understood, to the rent in the capsule being too small to admit the head of the os humeri to pass through and enter the glenoid cavity. When such difficulties exist, the surgeon discontinues the extending and counter-extending forces, and taking hold of the arm, uses it as a lever, and communicates a rotatory motion to it, the chief object of which is to tear up and enlarge the opening in the capsule. This being done, a very slight effort, in the way of extension, will probably be sufficient to reduce the bone.

When the head of the bone, instead of being restored immediately to its proper cavity, is suffered to remain in the arm-pit, for weeks or months, it will be found in a very different condi-

tion from that last described; inflammation takes place, adhesions form between the bone and surrounding parts, adventitious ligaments are created, a new socket is produced, the old one partially or entirely filled up, and the bone after a short time almost as firmly fixed as it was in its original position. Previous to the time of the enlightened and adventurous Demault, such a case was deemed hopeless and irremediable. This great surgeon conceived the possibility of restoring the use of the arm, under these almost desperate circumstances, and succeeded in several cases of one, two, three and four months standing, by the following means:—"Previously to making extension, it is necessary to move the bone *very forcibly* in every direction, in order first to break the adhesions, to tear the condensed cellular membrane, which serves as an accidental capsule, and to produce, so to speak, a second socket. A view to make way for a perfect reduction of the first. The straps being then applied, as in ordinary cases, serve the purpose of extension; but the accomplishment of which, the number of assistants must be increased. Oftentimes the first efforts are fruitless, and the luxated head remains stationary, amidst the *most violent efforts*. Let the extension then be discontinued: renew the *forcible motions* of the limb; carry the humerus upwards, downwards, forward and backward; *force the resistances* to give way; make the arm describe a large arch of a circle round the place which it occupies; let the rotatory motions on its own axis be impressed on it anew; and then recommence the extensions, and let them be made in every direction. By these, the head, already disengaged by means of the preceding *violent motions*, will be brought to a level with the glenoid cavity; and ultimately replaced." From these extracts it will be seen, that Demault strongly inculcates the employment of *forcible* and *even violent exertions* in the reduction of all old luxations of the os humeri; the success, indeed, which he met with, almost invariably, and that too in many instances, after other practitioners who employed milder means had failed, was such as to justify the practice con-

\* Demault's works, by Childrell, p. 194.

pletely, and induce other surgeons, both in Europe and in this country, to follow his example. The practice, therefore, has long since become general and established, so much so, that the surgeon who should refuse to attempt to relieve his patient, because the head of the bone had remained out of the socket several months, would be considered culpable by all intelligent members of the profession.—Dr. Physick has, "in a variety of instances, succeeded after two or three months."\* The late Dr. Darsey, one of the best informed and most accomplished surgeons of this country, entirely approved of Desault's practice, and followed it successfully in several cases. "Dr. McKenzie, of Baltimore, reduced a dislocated os humeri nearly six months after its luxation."† The same has subsequently been accomplished by Mr. Kirby, of Dublin. For the last twelve or thirteen years, I have repeatedly reduced luxations at the shoulder, and some other joints, from two to four months standing, and although in several instances the soft parts, surrounding the head of the bone, and the new socket were so considerable as to require great force and extensive laceration, not the slightest accident has ever occurred. The records of surgery, indeed, furnish very few examples, so far as I am acquainted, of injury, much less of death, resulting from attempts to restore the head of the bone even after it had been displaced for a very long period. Desault details the history of one case in which either a large emphysematous or bloody tumour formed under the pectoral muscle immediately after the head of the os humeri had been restored to its glenoid cavity. "Scarcely was the reduction accomplished, when a tumour rose suddenly under the pectoralis major, propagated itself towards the armpit and occupied immediately its whole extent. All the assistants, astonished at the phenomenon, knew not to what circumstance to attribute it. Desault himself, a little embarrassed, thought first of an aneurism

suddenly produced by the violence of the extension. The pulse of the patient, being scarcely perceptible in the side affected, and a syncope which supervened, appeared at first to favour this suspicion; but immediately the absence of a fluctuation, of a pulsation and of a change in the colour of the skin, the return of the pulse, the circumscription of the tumour, its resistance and the sound caused by striking on it, produced a belief that it was owing, not to an effusion of blood, but to a disengagement of air that had been confined in the now lacerated cells of the cellular membrane. On the thirteenth day, the tumour was entirely gone. In the place which it had occupied a large ecchymosis appeared, produced, no doubt, by the rupture of the small vessels at the time of reduction."‡ This patient recovered perfectly in less than a month after the reduction, and no other similar case is mentioned, that I know of, either by Desault or any other writer.

Although most writers on dislocations seem to think a rupture of the axillary artery, from attempts to restore the bone, after it has been displaced a few weeks, a possible accident, yet I have not been able to find, after very diligent research, a single instance of this description except one, which is merely glanced at by Mr. Charles Bell. "In this violent operation," says he, "one can imagine that if the axillary artery were at all diseased it might be torn; but I have not known of such an accident, though I have known such an ecchymosis succeed the operation of reduction, as would imply the rupture of some considerable vein. In employing the ambe in the Newcastle Infirmary, both the axillary artery and the muscles have been torn, so that they were obliged to amputate on the instant."† Mr. Bell is silent as respects the event of the case; there is every reason to conclude, however, that it could not have been otherwise than fatal. A very remarkable instance has been recorded by Loder of high inflammation, mortification and death, from an attempt to reduce a luxation of several months duration.

\* Darsey's Elements of Surgery.—Vol. I. p. 297.

† Ibid.

‡ Kirby's Cases, with observations on Wrensch, the reduction of luxations of the shoulder, &c. p. 53.

\* Desault's works, p. 140.

† Bell's Operative Surgery. Vol. II. p. 262.

"When Zeder was studying at the Hotel Dieu at Rouen, a man came to the hospital, on account of some trifling complaint. The celebrated M. David, then the principal surgeon of that establishment, perceived that the patient had also a dislocation of the left arm. The displacement had already existed several months, and the limb had acquired some degree of mobility. M. David recommended making a fresh trial to reduce the bone, and the patient's consent being obtained, the attempt was made with immense force, and the arm restored to its proper place again; but the event was most disastrous; for the whole limb was attacked with such violent pain and inflammation, that notwithstanding every means which surgery could suggest was immediately put in practice, mortification ensued, and the patient lost his life."

The foregoing observations are calculated to exhibit the treatment of luxations of the os humeri as sanctioned and pursued by the best surgical authorities, and to show that the practice thus established, if not uniformly successful, has, with the exception of two or three cases, been unattended with danger. A question, however, may possibly arise—whether surgeons should be influenced by the event of the case I have detailed, and by those I have quoted, and deterred altogether from attempting reduction in dislocations of long standing, or whether the established practice should still be continued, unaffected by fortuitous circumstances or contingencies neither to be foreseen nor controlled? To the latter proposition I have no hesitation to give unqualified assent, and to declare, that should a case similar in external appearance to that of James Scofield again occur, I shall feel justified in adopting a similar course.

We will give a few remarks on the above case in our next number.

\* First lines of the Practice of Surgery, by S. Cooper. Vol. II. p. 466.

## REMARKS ON SUICIDE,

BY PROFESSOR GROHMANN,  
OF HAMBURG.

A calculation has been made in England, founded upon observations made during ten years, from which it appears that suicides are more frequent in England in the month of July than in any other part of the year; that they decrease in the following progression; June, March, January, February, November, December, April, August, September, May, and that the month of October is that in which the fewest suicides are committed. Pursuing the same course of observation, Professor GROHMANN, after having discussed the causes of suicide in *Hufeland's Medical Journal*, gives the following table of suicides, which took place at Hamburg from the year 1816, to the year 1822, inclusive:

Table of the Suicides observed at Hamburg from the year 1816 to 1822.

Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1816	0	1	0	0	1	0	0	0	0	0	0	0	2
1817	1	2	4	0	2	2	2	2	2	1	1	0	18
1818	2	0	0	0	1	1	1	1	1	1	1	0	12
1819	1	1	1	0	1	1	1	1	1	1	1	0	12
1820	0	1	0	0	0	0	1	0	0	0	0	0	2
1821	2	4	1	3	2	0	7	2	2	2	1	1	21
1822	0	4	8	8	4	4	4	4	4	4	4	4	48
Total per month.	13	13	14	11	12	8	17	11	13	9	14	14	

It appears from this table that the suicides at Hamburgh, as in England, were more frequent in July than in the other months of the year, since in seven years there were seventeen suicides in that month, a larger number than that which occurred in any other month. The month of October also appears to be one in which a small number of suicides took place, since in the same space of seven years, only nine persons destroyed themselves; in the month of June, however, there were only eight suicides. M. GROHMANN thinks the frequency of suicides in the month of July is to be attributed to the influence of the season, the excessive heat, and the use of spirituous liquors during the summer. We must observe, however, says the *Revue Medicale*, that M. GROHMANN's opinion does not coincide with the results of his own observations, since in the month of June there appear to have been eight suicides, in August eleven, and in Septem-

ber thirteen; while in December, January, February, and March there were twelve, thirteen, and fourteen suicides; so that in the four hot months there were only 49 suicides, while in the four cold ones there were fifty-three. Besides, more suicides have not been observed to take place in hot, than in cold countries. In examining the table attentively, we cannot observe without astonishment and concern the melancholy difference between the number of suicides which took place at Hamburgh from 1816 to 1820, and from 1821 to 1823, since in 1816 Hamburgh had only to deplore the loss of two individuals from this cause, and in 1819 and 1820 ten or twelve; while in 1821, the list increased to three times that amount, and in 1822 to four times that amount. M. GROHMANN does not suggest any cause for this melancholy disproportion.—*Revue Medicale, March.*

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# THE LANCET.

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## SURGICAL LECTURES.

Theatre, St. Thomas's Hospital,  
Thursday Evening, April 15.

### LECTURE 52.

The first subject for our consideration this evening will be

#### *Polypi of the Nose.*

There are four different species of nasal polypi, the first and most common of which is the

#### *Gelatinous Polypus.*

Polypi of this description grow from a narrow pedicle, are composed of a very soft substance, resembling jelly, hence their name, and are very slightly vascular; the second kind is the

#### *Hydatid Polypi.*

These are formed by a collection of hydatids, and have the appearance of bags or bladders of water; with these there is generally a copious serous discharge; the third are the

#### *Carcinomatous Polypi.*

These have similar symptoms and appearances to scirrhus tumours in other parts of the body, are painful at intervals, ulcerate, and during this stage occasionally bleed; the fourth and last kind is the

#### *Fungoid Polypus.*

These are the four different kinds of polypi of the nose. Now, gentlemen, I shall first describe to you the

#### *Gelatinous Polypus.*

It is yellow, and semi-transparent, very thinly streaked with vessels, never being sufficiently vascular to give it a red appearance. It hangs from the schneiderian membrane by a small pedicle, therefore loose in the nose, and if you stand opposite the patient, and he draws in and forces out his breath through the nostrils, you will be then enabled to see it advance, and again retreat to the posterior nares. The large size of the polypus, however,

will often prevent this free motion. It generally has its origin in the middle chamber of the nose, between the superior and inferior turbinated bones. Here is a preparation (*shewing it to the class*) in which you see it growing from the side of the antrum.

Polypi of the nose of this description often acquire a very considerable magnitude. When this is the case they extend into the posterior nares, and often hang over the edge of the velum pendulum palati, so that you can frequently see them at the back of the mouth, and if they are not quite so large as to allow of this; they may be distinctly felt on passing back the finger. Two of the largest of this kind of polypi that I ever saw were from Sudbury in Suffolk. Here is one of them; it is of a size which rendered its removal by the forceps impossible; here is another preparation in which you see it extends through the velum, and here are others of a smaller size belonging to the same species. It not unfrequently happens when their removal is attempted by the forceps that they will become broken; and some little address is often requisite to pre-

vent this difficulty; they are firmly attached to the pituitary membrane of the nose, and unless the points of the forceps are applied near their bases, you cannot expect to be successful in extracting every part of them, consequently they will again form, and the operation be again required. When you happen to pull away along with the polypi portions of the bone and membrane, you destroy the sources from whence they originate, and in such cases prevent their return.

Now, gentlemen, the remedy for these polypi is extraction by means of forceps. Those generally employed are long, and have small points, the insides of which points or blades are made rough to prevent their slipping from the pedicle and thereby losing their hold; the manner of using the forceps is this: I pass up a probe in a direction between the superior and inferior turbinated bones, and feel for, and ascertain the precise situation of the pedicle; I give the probe the direction which I have just stated to you, because I have invariably found these polypi springing from the middle chamber of the nose. I have never known one of them

arise from the septum narium. Well, having satisfied myself of the situation of the pedicle, by means of the probe, then let it remain as a direction for the forceps, and having carried the points of the forceps to the pedicle, thus guided by the probe, seize the pedicle and tear it off by a sudden jerk of the forceps; by adopting this mode polypi may be effectually removed. Always take care to lay hold of the pedicle, for if you do not, and on the contrary grasp the body or end of the polypus, you will then break it off, and the introduction of the forceps will be again and again required. Using the probe as a director will be found a great assistance; the forceps are immediately conveyed by it to the pedicle. I just now said that the polypus should be torn off by a sudden jerk; this is of importance, and you should keep it in your recollection. If you remove the polypus by gradual efforts, that is, by gradually withdrawing the forceps, you will not accomplish that which ought to be your object, viz. preventing the return of the disease; by a sudden jerk you are often enabled to tear away a portion of the pituitary mem-

brane, and even the bone itself to which the polypus may be attached. By this you succeed in destroying the source from whence it sprung, and effectually obviate a repetition of the complaint; always recollect therefore to use a jerk, and not pull the forceps gradually.

If the person should be very young, and the nose small, you may remove the polypus with a pair of forceps similar to such contained in our common pocket instrument cases; indeed such are the forceps which I often employ for the extraction of nasal polypi; if however the polypi should grow far back, then you will succeed best with the forceps I first mentioned.

Sometimes I take away polypi by merely using a pair of probe pointed scissars: after cutting through the pedicle, if you desire the patient to blow his nose the air will force it out of the nostril; but I should tell you, that when thus removed, they are more likely to return than when extracted by the forceps, because you do not with the scissars take away as with the forceps the pituitary membrane, and this is the source from whence these polypi spring.

But, gentlemen, polypi not



unfrequently extend into the posterior nares, even back as far as the spine, in which situation you may not only often feel them with the finger, but when of this magnitude frequently see them; these polypi must be removed by a pair of forceps exceedingly curved; their curve should describe at least half a circle, the curve of course being of such a size as to admit its free introduction into the mouth; these forceps should be passed to the back of the mouth, then their points, or blades, are to be carried up the posterior nares, when, having satisfied yourself in the manner before directed that you have hold of the pedicle, you are to break it off by moving the forceps in a direction downwards and backwards. Another way, when the polypus is large, and when the pedicle grows from the side of the antrum is, to divide the pedicle by means of curved scissors, and then with your finger hook down the polypus at the back of the mouth from over the velum pendulum palati; in this way it falls into the throat, and produces a sensation of choking; retching is the consequence, and the polypus will be thrown upon the floor before you. Mr. RING, a surgeon of

Reading, had a patient with a polypus of this kind, removed in the manner I have just mentioned to you; it was a very large one, and when I first went to Reading I put a ligature upon it, but this did not prove of any use, it only succeeded in getting away a small portion of it; the root was not removed; the polypus soon became again as large as ever, and I am now of opinion, that a ligature in these cases should never be applied.

If, after the operation has been performed, you think any portion of the polypus remains, you should, by means of a probe, pass up a piece of lint to the spot, to prevent any annoyance from hemorrhage; the lint previous to its introduction may be dipped in a solution of alum; indeed, where patients have objected to have the polypi removed by the forceps or scissors it has been recommended to use injections of solutions of alum, or the oxymercure hydrarg.

The next species of nasal polypi which I shall describe to you, is the

#### *Hydatid Polypi.*

These are generally found in young people. The first case of the kind that I ever saw was in this hospital; the subject of it was

a young girl about sixteen years of age; when Mr. CLINE attempted to remove it, it burst, and there escaped a small quantity of watery fluid; upon pressure being then made at the side of the nose, another burst, until at length bladder after bladder burst and the whole were discharged. It was thought at the time that the complaint was cured; in a few weeks however, it again returned, and again was discharged. Since that time I have seen several similar cases. The pedicle of the hydatid polypus resembles the cord formed from the placenta; it is composed of thin fibres or films, which form the covering of the polypus, and these converge to complete the pedicle. The best plan of treatment that can be pursued for the cure of hydatid polypi is daily to touch them with the muriate of antimony; this can easily be done by means of a camel hair pencil; a very few times will be sufficient; it acts chemically on the polypi, and quickly destroys them. It may be supposed that this strong application would hurt the nose; this, however, is not the case; but care should be taken to confine its application to that part only where its use is required.

The third species that I shall mention is the

*Carcinomatous Nasal Polypi.*

These are commonly met with in old people; they are usually attended with severe pain across the forehead, in the situation of the frontal sinuses---the passage of the air through the nose becomes obstructed from the size of the swelling---the tumour also presses upon, and occasionally obliterates the lachrymal sac, preventing the natural course of the tears, thus giving rise to the inconvenience and symptoms of *fistula lachrymalis*. I have known the pain in the nose in these cases excessive; the pain is not constant but occasional---and then dreadfully severe---at such times there is more or less hemorrhage, and this ultimately affords the sufferer a temporary cessation of his misery. In these complaints, I am sorry to be obliged to say, that nothing can be done except of a tranquillizing nature; the belladonna and opium may be introduced; also the conium with a view of affording ease, and if the inflammation should be severe, you may apply leeches in the vicinity of the nose, together with evaporating lotions.

As regards internal remedies these are likewise to be merely of a palliative nature; opium is the principal medicine given with this view, and it answers the purpose well; you are therefore to give opium in such quantities as shall have the effect of lessening the dreadful pain; by this means you smooth the path to death, and I lament being compelled to state, that if you succeed in this, you will achieve all that medicine can accomplish. The fourth and last species I have to describe to you is the

*Fungoid Nasal Polypus.*

There is a case of this kind at present in the other hospital\*. The first case of this description that I saw was in a young gentleman seventeen years of age; the particulars I will briefly mention to you. The father of this youth called at my house with him, for the purpose of enquiring what was to be done. At the time I saw him there was a bleeding from the part, and this I understood from the father frequently happened. The parent asked me if I would remove the tumour, and I told him

yes. This I did by ligature, but much sooner than I expected; for as soon as it was applied the tumour dropped into my hand, the silk having completely cut it through. There was slight after hemorrhage which was easily subdued by plugging the nostril with lint. Shortly after the operation he left London for Portsmouth. The disease soon returned, and was again removed by Mr. COPLAND HUTCHINSON. Subsequently to this it re-appeared, and ultimately the patient was destroyed. After his death the body was examined by Dr. MAC ARTHUR, and he found that the tumour had very extensive attachments; that its base was extremely broad and diffused—now I had previously thought that the disease had been confined to a single spot, or I certainly should not have attempted its removal. I therefore recommend you not to extract these polypi by the forceps—excise them with scissors, or destroy them by ligature; their extensive adhesions will, in either case, render the operation unavailing and ineffectual; and what is still worse, will do injury by exciting irritation, whereby the disease will become aggravated. In such cases I

\* We will give the history of this case in a future Number; the subject of it is a young man about thirty.

shall in future try what effect will be produced by the muriate of antimony. But the disease may extend so far up the nares as to affect some other part of still greater importance than the place where it originated,---thus the cribriform plate of the ethmoid bone may become destroyed, and afterwards the brain itself partake of its malignant influence. Well though there can be no hope of the diseased person ever getting cured in such cases as these; yet it may happen that by judicious treatment, the inconvenience of the malady, together with the deformity it occasions, may be materially diminished; but to produce a cure under such untoward circumstances would be impossible.

*Disease resembling Polypus in Children.*

Before quitting this subject, gentlemen, there is another occurrence connected with it which I wish to mention to you, it is this: you will often have children brought to you by their parents on account of supposed polypi of the nose; when you examine the children you will probably find in their nostrils red projections, the appearance of which might have deceived

you as well as the parents, had I not mentioned the matter to you; be assured, when you observe these red projections in the nostrils of young children, that they are not polypi; the disease is merely an enlargement or thickening of the pituitary membrane, and if you try to remove or draw it away by means of the forceps, you will probably tear off a portion of the turbinated bone; the forceps must not be applied in such cases, such a practice would be exceedingly improper; what you are to do is this: touch them by means of a small bougie formed of nitrate of silver; from this application they will, in a short time turn white, and very soon disappear altogether; you may rely upon it, that this is the only treatment required in such affections, and there is no necessity for submitting these poor little delicate creatures to any other operation.

The next subject for our consideration is

*Enlarged Tonsil Glands.*

Children will be brought to you with swellings in their throats, and it will be stated that they have great difficulty of breathing---sleep with their mouths widely distended, the skin at

the same time covered by a profuse perspiration; upon feeling the throat, looking into the mouth, or passing back the finger, it will be readily ascertained that one or both tonsil glands is enlarged. The complaint is generally the result of one of the diseases common to children as the small pox or measles, and the inflammation which produced it of the scrofulous kind; sometimes the enlarged part is attached to the gland by a distinct small pedicle; at other times the base of the swelling is of considerable size.

*Constitutional Treatment of enlarged Tonsil Glands.*

To prevent the growth of these enlargements, and their formation altogether, the best medicine that can be given for the accomplishment of these purposes is the oxymuriate of mercury, and it will be found highly advantageous to combine it with the tinctures of bark, and rhubarb, I usually prescribe it thus:

R Oxymur. Hydrarg. gr. j.

Tinct. Cinchon.

— Rhei, aa. ʒj. M.

I order a teaspoonful to be taken in a little white wine twice or three times a day, according to the age or peculiar

state of the patient. Having already, on several occasions, explained to you the manner in which small doses of mercury act on the system in removing chronic inflammation, by restoring the secretions, it cannot be necessary for me to again dilate upon that subject. By uniting the mercury, as above, with bark and rhubarb, you will improve the appetite, strengthen the stomach and bowels, and gradually restore the vigour of the constitution. It is not of any great consequence what particular tonic you employ, should there be any objection to those I have just mentioned. Indeed, in very delicate children you will find it prudent to often vary the medicine, and a very beneficial one may be found composed of two grains of rhubarb and five grains of carbonate of iron. Your own judgment will direct you in what manner the medicines should be regulated.

*Local Treatment of enlarged Tonsil Glands.*

The application of the nitrate of silver will often succeed in getting rid of these tumours; you are to press down the tongue with one finger, then holding the nitrate of silver in its ivory case between the finger

and thumb of the other hand, gently apply it to the surface of the swelling; the application may be repeated if necessary; where the caustic is applied, the part will soon become white and scale off; a succession of these produced by a succession of applications, will often effect a cure.

The sulphate of copper is sometimes used instead of the nitrate of silver, and succeeds very well. Alum is likewise a good application, but it requires to be applied a greater number of times than the lunar caustic; where, therefore, no inconvenience would arise to the patient or practitioner from distant residence or other circumstances, it may be used with advantage, and as an internal remedy, a medicine formed of the extracts of stramonium and conium; but I have never known it prove effectual, at least, not entirely so. Well, then, when they are too large to admit of cure, by the plans already described to you—or when they resist the proposed methods, you are to remove them by ligature; it is easily applied, and may be done by first passing it through the eye of a probe, then carrying it over the tonsil, and bringing

it out below tie it in front of the diseased gland; you must of course previously give to your probe the requisite curve; if your finger should not be sufficiently long to make the knot, you should then use what is called the tonsil iron, an instrument well adapted for the purpose, and would do much better for performing the operation altogether, than either the probe or finger. The operation occasions very little pain or inconvenience. I have had a child, 7 years of age, come to my house, have a ligature thus applied, and afterwards walk back to Islington.

If the tumour is not of that form which will admit of a ligature being put on in the way mentioned, you must then pass the ligature through the centre of the swelling, by means of a needle, and tie it above and below; in this case your ligature must, of necessity, be double; in this way you will succeed as effectually as with the other mode, in producing a separation of the enlarged part.

I shall now, gentlemen, describe to you the

#### *Operation for Hæm-Lip.*

The name of this disease ori-

deduced from a supposition that it gives to the lip the same appearance as the lip of the animal bearing that name.

Hare-lip is sometimes single, that is, the fissure being only on one side, sometimes double, a fissure being then on each side, and occasionally attended with a want of the teeth in the upper jaw; also a loss of the *velum pendulum palati* and *uvula*; sometimes in the double hare-lip the only thing between the fissures is a small projection of cartilaginous substance, attached to the tip of the nose; the soft palate in these cases is generally wanting, and the turbinated bone exposed. The deformity in these instances is most unsightly.

In the operation for the removal of hare-lip, your single principle is union by adhesion or first intention. In single hare-lip you must perform the operation thus, (*here the learned lecturer shewed the operation on the dead subject, according to the description given,*) pare off the edge of the divided lip on each side by means of a small bistoury; in executing this step of the operation, take care that you cut off enough, for immediately at the margin the parts are hard

and callous, and will not readily unite. Well, having pared off a sufficient quantity of both edges all that remains to be done is to apply the ligatures, of which there are to be but two, this number will be found quite adequate. Now, it is of great importance that you should be careful where the ligatures are applied, and I advise you to be particular in your adoption of the rules which I give on this point: well then, introduce one ligature immediately at the edge of the lip, that is, at the lowest part of the divided portions where the red part or line of the lip begins, and the other ligature is to be introduced exactly midway between the first and the extent of the wound, towards the nose; thus the last ligature will be situated half way between the angles of the wound, at the lower part, and the fissure at the upper. As your object should be to cause the edges of the wound to unite as soon as possible, any thing calculated to retard that effect should be studiously avoided, and as wax is known to have a tendency to induce suppuration and ulceration, it should not be rubbed over the ligatures. Again, the ligatures should not be too deli-

cate, nor too thin, if they are the lip might be cut through by them.

In performing the operation for hare lip there will sometimes be considerable bleeding from the superior labial artery; there will not be any necessity for applying a distinct ligature to the vessel, because you can easily tie the ligature at the angles of the lip in such a manner as shall compress the artery and stop the bleeding; it is very improper to put a ligature on the vessel, as it interferes with union by adhesion from its producing suppuration, the pus, of course, would form between the edges of the wound. On the fourth day after the operation the middle ligature may be removed, and on the fifth or sixth, the other. In this respect, I am merely speaking of what generally may be done; as regards the time of removal, you must be governed by the state in which you find the parts, if adhesion had not taken place it would not be proper to take away the ligatures on the fourth or fifth day, and you should wait a short time longer. Instead of silk ligatures silver pins used to be employed for holding together

the edges of the lip; these, most properly, have been relinquished; 'tis true they answered very well, as far as keeping the edges of the integuments in apposition was concerned; but the great objection to them was, that when, on the fourth or fifth day you endeavoured to take them out, the difficulty of withdrawing them often occasioned the adhesions which had been formed to be completely torn through, and your operation so far defeated; the pain which the extraction of the pins produces is considerable, and the adhesions are frequently broken from the resistance, struggles, and cries of the child. Now, as regards the silk ligatures, you have merely to divide them by a pair of scissors, and the ends can be displaced without using the slightest force.

When the edges of the lip have been brought together, and the sutures applied, no after treatment will be necessary, excepting what I have already communicated to you; you must not apply poultices, as they would give rise to the suppurative process instead of the adhesive. Your best plan will be to let the blood remain over



the wound; let it clot there, and not sponge it off. This will be the best bond of union, and the adhesions which take place under this seldom give way.

Another point for our consideration, is the age when the operation ought to be performed. Should it be attempted on very young infants, or should we wait until a more advanced period? To this question, an answer is easily given, and I reply never operate on very young infants, but defer it until the completion of dentition. In very early life, there is always great danger from operations; and several infants, within my own knowledge, have died in convulsions, after the operation for hare-lip. Some years since, when I was at Yarmouth, I was told of a case that had terminated fatally; convulsions carried off the infant a few days after the operation. Not the slightest blame was attributable to the practitioner; experience had not then established the propriety of delaying the operation 'till a more advanced age. I was once asked, if I would operate on a very young infant, for hare lip, whose parents resided in Fenchurch-street? I replied yes; and

shortly after went, and did it. I promised to call on the fourth day, but received a message, saying that it was not necessary for me to do so, as the child was dead. Some years ago a gentleman from Suffolk brought his infant to town to undergo the operation; it was performed; pins were employed. Two days after the operation diarrhoea came on; on the day following it was so excessive that the pins were removed: at the expiration of two other days the child was carried off. A woman once brought her infant to me on a Monday morning for the purpose of having it operated on for hare-lip. I completed it, and directed her to bring the child again on the following Thursday; she came, and told me the infant had died.

Now, if parents should urge you much to perform the operation on very young infants, explain the danger which attends it in very early life. Tell them of its fatal results; when, should they still press it, the blame will be on them, and not you. Children when so very young are not competent to undergo operations, and you ought not to perform them for

hare-lip unless the children have reached the age of two years. After that period they possess some degree of strength, and are much less disposed to irritation and convulsions.

I have still to mention the operation required for double hare lip. It has been recommended to cut away that portion of skin which sometimes exists between the two fissures. That however is not the best plan; indeed it is a very bad one. Always allow that portion of skin to remain, you will find it a great support, and of considerable utility in rendering the operation perfect. Therefore you are to pare the edges of this portion of skin in the same manner as you were directed in the first operation. But you must not, when a hare-lip is double, operate at both sides on the same day. You must let one side get well, and then you may operate on the other. It now and then happens that the jaw will project very much in these cases, and will sometimes even shoot forward, and be attached to the tip of the nose. When the jaw does project the deformity may be very much diminished after the wounds have quite healed, by binding, on the most pro-

minent part, a flat piece of lead inclosed in lint; it may be readily confined to the situation by tape or black ribbon carried round the back of the head. When attached to the tip of the nose it should be separated from that part and the operations then performed as before, that is, one deferred till the other is well, and the deformity to be removed by adopting the method just mentioned.

We sometimes perform an operation on the under lip similar to the one I have described to you for single hare-lip, in consequence of

#### *Cancer Labii,*

Which disease generally arises from the use of a pipe, and the manner in which it happens is this:—the adhesive nature of the clay of which the pipe is made, causes it to adhere to the lip; at length the cuticle becomes torn off, and the continued irritation frets the sore into true cancerous disease. I am quite sure that it is produced in this way, for I never saw the disease in the upper lip more than once. That the disease is of a scirrhus nature, even at the beginning, any surgeon must be satisfied: it is hard, has a bleeding surface, everted edges, and,

as it proceeds in its destructive course, communicates disease to the glands; there is likewise felt in it, at particular periods, the most dreadful pain.—I have seen in these cases all the foregoing real cancerous symptoms.

An operation for the complete removal of the disease is the patient's only real hope of succour. The oxyde of arsenic is said to have cured the disease—to have completely eradicated it. I can state, however, that this application (as well as others of a similar nature) has, by its irritative qualities, produced a rapid disease of the glands, shortly after having been applied to the ulcer on the lip.

In removing the disease with the knife, you should make an opening in the lip, similar to what has been advised in single hare-lip; that is, it should be a triangular portion of the lip, including the disease entirely cut out; the integuments can then be easily approximated, and kept in their proper situation by as many ligatures as the size of the wound shall seem to require; generally speaking, two will be found quite sufficient. In removing cancer of the under lip,

you divide the inferior labial artery; and you may stop the hemorrhage by adopting the same method as was recommended in the hare-lip operation. Before we part, I must entreat your patience, while I describe to you, the disease called

#### *Tic Douloureux.*

It is a dreadfully painful affection of the nerves of the face, but of what nature it is difficult to say---the nerves in this disease are not in an inflamed state most certainly, for under the most horrid suffering, they are found of a natural colour; the nerves are not increased either in their usual size, but on the contrary, are found to be rather diminished. Mr. THOMAS dissected a gentleman, in whom the *sub-orbital nerve* had been affected, and the nerve on that side was found considerably less than the nerve of the opposite side. Again, I think the disease to be one of diminished action, rather than of increased; and it has been found that stimulating, exciting medicines, are more beneficial than those of an opposite character.

The pain experienced by those afflicted with *Tic Douloureux* is I believe indescribable—it is of the most acute and dis-

troubling kind.—I have seen it cause the tears to trickle down the cheeks of a fine old weather-beaten naval officer—a man, who had fearlessly faced the cannon's mouth. After I had once divided the nerve for this complaint, I asked the Lady who had been the subject of the operation, which gave her the most pain, the division of the nerve, or the disease? Oh! said she, the operation is a bed of roses in comparison with the agony occasioned by the disease. I was at one time visiting a patient afflicted with it, in company with Mr. Row of Burton Crescent, when the pain absolutely was so severe that it caused the person to roll out of bed, and fall on the floor at the time of our being in the room.

It is in general like the pain of electricity—patients will exclaim, "Oh! I had a shock at that moment." It produces a kind of flickering through the nerves; its motions are like summer lightning, and the pain cannot be compared to any thing more appropriate than to the horrid sensations created by electric shocks.

*Treatment of Tic Douloureux.*

The principal relief has hitherto been derived from opera-

tions, and these operations have consisted in dividing some of the nerves of the face; the division of the diseased branch will at least generally succeed in keeping off the pain for the space of three or four months, about which time it appears that the nerve either re-unites, or that its branches anastomose with others. If you ask patients if they will submit to an operation, they answer, "most certainly, submit to any thing that will rid us of our present suffering." If they enquire of you whether the operation will be attended with permanent benefit, you should say that it is doubtful, but you rather think not. Indeed the result of the operation is doubtful enough, for the pain will sometimes return almost immediately, but whether by the same nerve is questionable. A person came several times from Bury to undergo the operation, and the pain used to return before sensation, that is, a numbness of a part of the cheek and upper lip would still continue, notwithstanding the pain was as severe as ever; the divided nerve in this case was the sub-orbital; well then, the division of the nerve does not always succeed in giving relief so long as one

might have expected. Well, if it should be deemed requisite to divide the sub-orbital nerve, it should be done a quarter of an inch below the orbit; the nerve passes out of the foramen half an inch below, so that you are to divide it mid-way between the foramen and the edge of the orbit—if you divide it lower than this you will leave some branches which will still continue the disease; the proper mode to adopt for dividing it is to introduce a sharp pointed bistoury at the distance from the orbit already stated, and carrying the point of the instrument close upon the bone, you hook up the nerve on its edge, then press upon the skin over the edge with your finger and at the same withdraw the knife through the opening by which it entered; in this way as you take out the knife the nerve will be divided; you ought to ask the patient if he feels a numbness of the upper lip, and if he should not, your operation will be incomplete. When necessary, the supra-orbital branch is to be divided in a similar manner, by introducing the knife under the integuments of the superciliary ridge, and cut through the nerve imme-

diately as it emerges from the supra-orbital foramen, carry the point of the knife from the nose outwards.

When the submental nerve requires division you need not make any incision through the integuments but may perform the operation by placing the knife within the mouth and directing its point downwards to the mental foramen where the nerve passes out, and by gliding the knife along the bone at that part the nerve is sure to be divided; in performing this operation you may direct your knife by the bicuspidati teeth, the anterior maxillary foramina being just below them.

*The best Medical Treatment of  
Tic Douloureux,*

with which I am acquainted, is the exhibition of the carbonate of iron. Mr. HUTCHINS, of Nottingham, has published a work on the disease now under consideration, in which he speaks strongly in favour of the above medicine; it certainly is an admirable remedy—and profession is much indebted to Mr. H. for having recommended it. I may here remark, it is much to be regretted that country practitioners do not more frequently publish the result of

their observations and experience much valuable knowledge is lost to the world from their neglect of this important duty.

In speaking of the carbonate of iron, and of medicine in general when given for the cure of *Tic Douloureux*, it cannot of course succeed should the disease be otherwise than functional,—if it should be caused as in the case of Dr. PEMBERTON for example. (who suffered more probably than any other human being from this malady), by a piece of bone projecting into the brain, medicines will prove utterly unavailing as regards cure—and temporary ease is all that can be afforded.

Five minutes more gentlemen and I have done. (a laugh) Of

#### *Aura Epileptica.*

A man was sent to me by a Surgeon of Watford having this disease; he would be occasionally seized by a severe pain in the thumb, which gradually extended up the arm in the course of the radial and brachial nerve, through the axilla to the neck; his head would then become twisted, and in a moment he would drop on the floor in a fit; shortly afterwards he would get up and appear as well as ever. I sat down upon the

radial nerve by the side of the flexor carpi radialis longus tendon, exposed about an inch, and cut out five eighths of it. After this the pain entirely left him, and he returned to Watford, where he remained, completely cured.

Gentlemen, I am very sorry for having detained you so long.—(*Applause*).

[This lecture lasted one hour and three quarters.]

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### CHEMISTRY.

IN our last number we observe an error respecting the temperature at which Mercury is stated to boil. It should have been 600° instead of 400°.

We have examined the property of expansion by heat, as it affects æriform and liquid bodies, at some length, because it is important that this property of heat, and the manner in which it affects them, should be well understood before we can proceed to the consideration of more direct chemical action.

*Solids*, like fluids, are also found to be sensibly expanded by heat; in fact there is not a single substance which is not affected by it in a greater or less degree. Solids,

like æriform and liquid bodies, expand by heat in different ratios; and this effect is more observable in metallic bodies than in any other. The rate of their expansion is known by an instrument called the Pyrometer, which consists of an index, delicately fixed on a cylinder, against the graduated arc of a circle; when the instrument is used for measuring the expansion of metals, one end of a small rod or cylinder of metal is placed against the index, very near the centre on which it revolves; the other at the same time being placed against an immoveable piece of metal or wood. Heat applied to the cylinder of metal expands it in every direction, but of course to a greater extent in the length way of the cylinder, than laterally; and consequently one end is pressed against the index, and the other against the fixed point just adverted to. The index being moveable yields to the pressure, which drives it round the graduated arc to a particular point, determined by the intensity of heat given to the metal. The comparative distances, in the graduated arc, to which the index is driven by a given heat, when the same

length and diameters of different metals are employed, indicate their respective expansibility.

This quality of heat in expanding the metals is a great disadvantage to many of the arts: an important one is that of preventing our Time-keepers from going at the same rate under different temperatures, and consequently in different climates: thus, a clock taken to the East Indies will have the length of its pendulum increased by heat, and therefore will lose time. This is not only the case in hot climates, but also here, in the summer season; hence the necessity of shortening the pendulum, and regulating this expansion in hot weather. Chronometers have a mechanical contrivance for counteracting the effect of expansion within themselves: the principle of which is founded on the comparative expansibility of metals. A self-regulating pendulum on this principle is used in clocks of a superior manufacture.

In consequence of the expansion of metals by heat, the iron railings before our areas, &c. enlarge the sockets in which they are placed, and become loose in their feet when contracted in cold weather: consequent-

ly water is admitted to their lower ends, which rusts, and ultimately destroys them: this fact may be observed in walking the streets of London. The iron bridge over the Thames was nearly thrown down in consequence of this property of expansion, during the first summer after its erection.

The following anecdote, related by a popular teacher of chemistry, will be found both interesting and instructive, as connected with this part of our subject:—

"Some years since, when a young man, I undertook to build a large organ, and I succeeded even beyond my own expectations, which were yet sanguine enough, for it was admitted on all hands that the instrument I produced was one of a remarkably fine tone. It was built on *theory*, for I had never seen the interior of one till I had finished mine, and knew nothing whatever practically of the construction of them. Flushed with this success, I did not see any reason, in *theory*, to prevent my connecting a piano-forte with my organ; on the contrary, I conceived that they would improve each other. I conceived that, by a union, the bad effect of the sudden stop for the organ would be remedied in a great measure by the cadences of the piano-forte, and the mixed tone of the two would produce an effect pleasing and harmonious to the ear. I ultimately succeeded in practice, and combined the two by the same set of keys, and affixed pedals, so as to enable the performer to play the instruments either separately or together, as might please his fan. The effect certainly was very delightful, and the expression far exceeded my most sanguine expectations. The instrument being now complete and in fine tone, I invited my friends to witness the effect of it; and after waiting in anxious expectation I was at last requested to play. I sat down, and, commencing

with a fine slow movement," began presently to change my modulation and time into what musicians call an "allegro." Now, then, was the moment to introduce the lively notes of the piano; accordingly I removed my foot from the silent pedal, expecting to enrapture my audience, and receive "showers of applause." But judge of, and pity my feelings when I tell you, that instead of a "concord of sweet sounds," my instrument poured forth the most frightful discords that ever fought together for the especial discomfiture of musical ears! You may easily conceive my chagrin and disappointment. The mischief, (as you will perhaps have anticipated) was occasioned by this property of heat which we are now considering. The number of persons in the room, added to a better fire, perhaps, than was usual, varied the *temperature*; and, consequently the metallic strings of the piano were expanded by it, their tension became diminished, and of course the notes were all flattened; while those of the organ pipes were rather affected in the opposite way, so that they produced together a complete separation and discord. The next morning, when the temperature of the room was reduced, the instrument was again in perfect tune."

In the fine arts, casting, &c. &c. the property of expansion by heat acting on solid bodies, in some cases effects advantages, and in others great inconvenience. In the Laboratory we find it sometimes assisting our operations, at other times opposing them. In the vegetable kingdom it is very important; it occasions the sap to rise in trees, &c. during the summer and to fall in the winter season, hence also the reason why many plants open their leaves during the day, and close them at night. The effect of heat on the animal kingdom, is so important, that



we must refer a consideration of it to a future time, when we shall have made a few observations on electricity. In fine, the observing man will notice this effect of heat in almost every step he takes in life; whether he pursues and investigates nature as he finds her, or directs his abilities to imitating her in the arts.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

The following Manifesto has just issued from the above College, and, like every other production from the same quarter, is crammed with grammatical blunders.

Who hold the reins of government at the College we know not; but this we know, that they are taking the most decided steps to bring the whole of the practitioners of surgery into the utmost contempt. Here probably we are committing an error, for surgeons are rather bringing themselves into the most humiliating and contemptuous dilemma by quietly submitting to the iniquitous imbecile and injurious laws enacted by such men as Sir Fretful BLIZARD, Cantwell CHEVALIER, and Mesdames FORSTER and LYNN.

As we shall have frequent opportunities of returning to the abuses and regulations of this establishment, we will merely state at the present time that

we never beheld any resolutions more hostile to science or more decidedly *avaricious* than those we have printed in italics.

“The COURT of EXAMINERS, in pursuance of their duty to promote the cultivation of sound chirurgical knowledge, and to discountenance practices which have a contrary tendency, have Resolved:

That, from and after the date hereof:

The only Schools of Surgery recognized by the Court be, those of *London, Dublin, Edinburgh, Glasgow, and Aberdeen:*

That, Certificates of attendance upon the chirurgical Practice of an Hospital, be not received by the Court, unless such Hospital be in one of the above recognized Schools, and shall contain on an Average One Hundred Patients:

*And, that Certificates of attendance at Lectures on Anatomy, Physiology, the Theory and Practice of Surgery, and of the Performance of Dissections, be not received by the Court, except from the appointed Professors of Anatomy and Surgery in the Universities of Dublin, Edinburgh, Glasgow, and Aberdeen; or from Persons teaching in a School acknowledged by the medical Establishment of one of the recognised Hospitals, or from persons being Physicians or Surgeons to any of those Hospitals.*

Candidates for the Diploma will be required to produce,

prior to examination, certificates—

1. Of having been engaged six years, at least, in the acquisition of professional knowledge:

2. Of being twenty-two years of age.—And, according to the above Resolutions;

3. Of having regularly attended Three Winter Courses, at least, of anatomical Lectures; and, also, one or more Winter Courses of surgical Lectures:

4. Of having performed dissections during two or more winter courses.

5. And of having diligently attended, during the term of, at least, one year, the surgical practice of an hospital:

Candidates, under the following circumstances, and of the required age, are also, admissible to examination.

Members of any of the legally constituted colleges of surgeons in the United kingdom.

Graduates in medicine of any of the Universities of the united kingdom; who shall have performed two, or more, courses of dissection, as above specified; and who shall have regularly attended, during the term of, at least, one year, the surgical practice of one of the above described hospitals.

The above rules are required to be observed by candidates to be examined for the testimonial of qualification of principal surgeon in any service.

Candidates for the Testimonial of Qualification of Assistant-Surgeon, in any service, must have attended six months, at

least, the surgical practice of an Hospital, as above described; and two or more courses of anatomy: one course of surgery; and one of Dissections; as specified.

BY ORDER:

EDMUND BALFOUR,  
Secretary.

19th day of March, 1824."

*Candidates are to observe that Tickets of Admission only, will not be received as Certificates or Evidence of ATTENDANCE.*

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

APRIL 22.

*John N——, from page 80—last number.*

The friends of this man would not consent to an examination of his body.

JAMES JUDE *from page 81.*

The post mortem inspection of this lad did not furnish any thing of a particular nature; it was evident that he had died from exhaustion;—the powers of the constitution had sunk to so low an ebb before the operation that they were unable to rally. The only internal disease found was a slight enlargement of the mesenteric glands. Brain, spine, liver, stomach, lungs, and heart, all healthy.

*Jane Malvein, from page 81*

At the conclusion of our report of this case in our last number, and which report was up to Thursday, April 15th, we stated that her bowels were free and that no unfavourable

symptoms had presented themselves from the time of the operation. In fact, she seemed to have perfectly recovered, both from the operation and from the effects of the hernia.

In the evening of the day, however, on which our report was written, her condition underwent a very material alteration. She was seized with very severe pain in the right knee and ankle, and in the head; her pulse was frequent, but not strong; tongue of a dark-brown appearance, bowels quite regular without the use of medicine, feces of a proper consistence and natural in colour.

She was ordered a generous diet with wine. From the Thursday she gradually became more and more debilitated, until the following Tuesday morning, when she died. During the whole of this time, her bowels continued regular—not the slightest tenderness of the abdomen—no tension—no fullness. Her fever during this attack was very great; she stated that she had been the subject of frequent attacks of acute rheumatism, and she likewise felt convinced that it had once more assailed her: in this supposition we think she was correct.

As she died thus unexpectedly, three weeks after an operation from which every one considered she had so decidedly recovered, there was considerable anxiety manifested, to witness the post mortem investigation: here, however, the curiosity did not find a resting-place, for after a most minute inquiry, no disease was discovered in any way adequate to the destruc-

tion of life. The intestine which had been strangulated about two inches in length, was of a dark colour, but as solid, and resisted tearing equally with every other part of the gut. The opening at the ring formed by the operation had completely closed. Under the pia mater there was a slight effusion, but every other part appeared strictly natural and healthy.

## ST. THOMAS'S HOSPITAL.

*April 21.*

The accidents admitted here this week have been

*Isaac's*

First, DANIEL DODEN, æt 33, was admitted 18th April, 1824, with an injury to the knee, in consequence of slipping down on deck on board a ship, when he was admitted, there was considerable inflammation surrounding the joint, with much swelling, leeches and evaporating lotion have been applied, and the man is going on well.

*Henry's.*

EDWARD PICKERING, æt. 20, was admitted 16th April, with a severe injury to the elbow joint, in consequence of falling off the curb stone. He had considerable inflammation surrounding the joint, and a small lacerated wound just opposite the olecranon of the ulna. Leeches and poultices have been applied, and the man is going on well.

*Ann's.*

ELIZABETH RAIGEN, æt. 60, was admitted 18th April, with

a compound fracture of tibia and fibula, and an extensive wound of the integuments. The accident happened in consequence of a heavy carriage passing obliquely over the leg. On examination it was found she had received an oblique fracture of tibia and fibula, just above the ankle, and therefore not including the joint in the accident. The wound it was supposed was made by the grazing of the wheel, which extended from about three inches below the head of the tibia to just below the ankle joint, ending opposite the tarsal bones, (the wound was very cleanly cut) no large artery had been wounded: but they stated she had lost a considerable quantity of blood immediately after the accident, which must have been venous blood. At first she appeared low, and her pulse was very small. By order of Mr. GREEN the edges of the wound were brought together as well as they could by adhesive straps, and the leg was laid on a pillow on its outer side. She did not sleep during the night, and was very restless. At 12 o'clock reaction began, and the leg became hot. At this time her pulse was about 70 (small) an evaporating lotion was applied to the part.

20th.—There was a slight oozing of blood from the leg; the limb continued hot during the day and the evaporating lotion was continued. Her pulse rose from 70 to about 80: in the evening she took 35m: of tinct. opii:

21st.—She got some sleep during the night. Her pulse this morning was small, and

about 102. She has had no motion, but has taken a dose of castor oil. She complains of no pain in the part. There is a slight oozing of matter from the lower part of the leg, shewing the commencement of suppuration.

The man who had his toes amputated, is going on well; and has not had a single bad symptom.

The man who had his metacarpal bone with the finger amputated, had, on Friday last, a slight attack of fever, with a sore throat. He is much better this day.

In St. Luke's ward, JOHN DONOVAN, æt. 15. April 24, with a transverse cut across the upper part of the patella; the wound was brought together with adhesive straps, and the leg elevated. He is going on well.

The other accidents have been an injury to the shoulder, a lacerated scalp.

#### ST. BARTHOLOMEW'S HOSPITAL.

There has been another highly interesting case at this hospital of the *hydraulic* species, the particulars of which we will give in a subsequent number. We are informed that it was a case of ascites, but the water, by some miraculous power, suddenly became converted—not into urine, but a fine chopping boy, who took the liberty of leaping into the world about half an hour previous to his intended passage through the canula of the trocar!

## MIDDLESEX HOSPITAL.

*Continuation of the Case of John Angel, page 85.*

April 14th.—To-day there is a complete paralysis of the left side of the body, and the nerves of sensation as well as those subservient to voluntary movement appear to have suffered, though not in an equal degree. For whilst the loss of motion is quite complete, that of sensation is but partial; pulse about 60, and weak; bowels regular, appetite and spirits good. He has still, however, a propensity to the indulgence of sleep.

*R Hydrargyri Submuriatis gr. j.*

*Pulveris Antimonialis gr. ij. fiat pulvis omni nocte sumendus.*

April 15.—Much the same as yesterday; bowels regular; skin moist, and of the usual temperature, in which both sides appear to partake without any evident increase or diminution in either.

April 16.—Skin natural; bowels regular; appetite and spirits good. Has no pain in the head; paralysis commencing from the angle of the jaw, and extending down the whole of the left side. There is also some affection of the left eye, and the corner of the mouth of the same side, which, however hardly, amount to paralysis.

April 17 and 18.—No particular alteration.—Calomel and Antimony as before.

April 20.—Pulse 65, and weak; bowels regular; appetite and spirits good; has still a disposition to sleep, though somewhat less than heretofore. The sensation in the affected side

may be in a slight degree more perfect. The powers of motion are, however, still completely lost; his mental faculties at the same time appear to be in some measure impaired, and his cheerfulness at present savours a good deal of inanity or idiotism. It should be borne in mind, however, that we are narrating the case of a child.—Powder continued as before.

On the 16th inst. another boy was admitted suffering under the effects of concussion from a fall. Coma and the usual symptoms were present, which have been relieved by venesection and leeches; two or three doses of calomel, and the exhibition occasionally of house medicine to evacuate the bowels, and the application of cold epithems to the scalp. On the 19th, about 12 ounces of blood were drawn from the temporal artery, since which he has, in a great measure, recovered from the stupor following the accident.

April 20th.—His pulse at present, is quick and weak, and not far short of 100; tongue a little furred; skin rather hot and dry; pupils contracted.

*R: Pulv: Antimonialis, gr. iij.*

*Calomelanos, gr. j.*

*Fiat pilula omni nocte sumenda.*

*R: Liquoris Ammonia acetatis, 3 iv.*

*Misturæ Camphoræ, 3 i.*

*Fiat haustus ter die sumendus.*

21st.—To-day he is tolerably sensible, at times; but stupor or somnolency is present to a considerable extent, and his breathing approximates very nearly to stertor; pulse quick

and weak, and pupils contracted. When roused and questioned respecting the seat of his pain, he refers it to the superior angles of the parietal bones, at the points where the sagittal suture usually commences; there is however, no external appearance of injury in the neighbour-

hood of the parts, or, indeed, in any other of the scalp or cranium.

April 21st.—The only operations at this Hospital, since our last report, have been two for fistula in ano.

No accidents worth recording have occurred.

The following report of the Hospitals was read before the Lord Mayor, at Christ Church, on Monday last:—

**CHRIST'S HOSPITAL.**

Children put forth Apprentice last year.....	176
Buried last year .....	14
Children under care of the Hospital at London and Hert- ford .....	1071
To be admitted on Presentation this year .....	150

**St. BARTHOLOMEW'S HOSPITAL.**

Patients admitted, cured, and discharged, last year:		1411
In Patients .....	3725	9343
Out Patients .....	4018	
Casualty Patients .....	1600	
Buried last year .....		269
Remained under cure:		
In Patients .....	490	700
Out Patients .....	160	
Casualty .....	50	
So that there has been under care of this hospital last year .....		10,312

**St. THOMAS'S HOSPITAL.**

There have been cured and discharged from this Hospital last year—In Patients .....	2874	9902
Out Patients .....	7028	
Remaining under Cure—In Patients .....	448	834
Out Patients .....	386	
Buried last year at expense .....		248

So that there have been under care of this Hospital .... 10,084

**BRIDEWELL HOSPITAL.**

Vagrants committed by the Lord Mayor and Aldermen ..	461
Apprentices sent to solitary confinement .....	29
Persons passed to their different parishes .....	83
Apprentices to be put to different trades .....	11

## BETHLEM HOSPITAL.

Remaining 1st January, 1823. including those on			
leave—Curables .....	103	} ....	226
Incurables.....	70		
Criminals .....	53		
Admitted in 1823—Curables .....	145	} ....	158
Incurables .....	6		
Criminals .....	7		
			384
Discharged in 1823—Curables .....	165	} ....	181
Incurables .....	14		
Criminals .....	2		
Remaining 31st Dec. last—Curables .....	83	} ....	203
Incurables.....	62		
Criminals .....	58		
			384

## Foreign Department.

In a former number we mentioned that a paper by M. PASCALIS had been lately read before the Royal Academy of Medicine at Paris, in which M. PASCALIS stated that he had treated successfully some severe cases of asthma, by galvanism. The cases have been recently published in the *Revue Médicale*, from which we extract the two following; they tend very much to confirm the opinions of our countryman, WILSON PHILIP, on this subject.

## CASE I.

*Constant Asthma for the last ten years; paroxysms very frequent in their recurrence, and of long duration; danger of suffocation; great depression of the strength and spirits; the patient cured, after being galvanized eight times.*

MADAME ADÈ, thirty-two years of age, had been asthmatic for the last ten years. The complaint had considerably increased within the two last years, to such a degree that on the 6th of last September, the day previous to her being galvanized for the first time, this lady was seized at midnight with a fit of asthma, which continued till three in the morning. For the last fortnight she had regularly every day

been attacked in the same manner, and at the same hour.

The paroxysms were attended by the following symptoms: they were ushered in by a severe fit of coughing, and the patient soon became in danger of suffocation; she was then lifted up (for she had not strength sufficient to do this herself), and placed near a chair, against the back of which she supported herself. The doors and windows were obliged to be opened, in order to obtain a current of air; the rattles and the cough were so violent, that the neighbours were disturbed by them; and besides these symptoms there was a sense of choking present. At the termination of each paroxysm, the patient was completely exhausted.

In the course of the complaint the attacks generally returned for fifteen or twenty days in succession; after this period they abated: the patient then experienced an interval of two or three weeks of ease, during which time she recovered a little from the state of extreme weakness to which she had been reduced; but at the moment when she was thus beginning to be convalescent; the paroxysms returned with increased force, and plunged her into the same state as before.

Such was the situation of this lady previous to her being galvanized.—Since she first tried the efficacy of galvanism, her inspirations have been more free and deep; she has been able

\* By this term, in French *le râle*, is understood the noise produced by the accumulation of mucus in the trachea or bronchia, causing an interruption to the free passage of air.—*Ed. of The Lancet.*

to cough with less fatigue, and to expectorate with greater ease; the rattle has scarcely ever been heard; she has had strength to dress herself, and to carry her hands to the back of her neck, which she had not been able to do for a long time.

The patient has been galvanized eight times in the space of a fortnight, at the expiration of which period she was presented in a very satisfactory state before the Society of Medicine, by her medical attendant, M. SECONDAT. This case has been read before the same society, in the presence of the patient and M. SECONDAT, and its accuracy has been confirmed by both.

## CASE II.

*Constant and very severe asthma for the last three years; repeated paroxysms, and of long continuance; danger of suffocation; convulsive cough---distressing rattle; complete prostration of the strength; marasmus in the last stage; failure of antiphlogistic remedies, and of the most powerful anodynes and antispasmodics; prompt and very decided restoration by means of galvanism.*

On the 12th of last October, I was asked by M. COMTE DE SHERBONNEAUX, to go to his house, and see if his wife, who had been given over, was in a state fit to be galvanized. I went according to his request; and the following is what I was able to gather of the patient's history:—She had been asthmatic for three years, and had constantly kept her bed during that time. The asthma had never left her; she had not even had the slightest intermission, but used to have very frequent paroxysms of the complaint, and when these were present she thought herself on the point of death; they continued between two and five hours, and sometimes much longer; the cough was convulsive, and accompanied with a frightful rattle, which during the interval, was succeeded by a whistling noise. The noise occasioned by the rattle was so great, that all the persons in the house were

disturbed by it; and although the patient was on the third story, and in the back part, they could hear it distinctly from the street. She expectorated every day a considerable quantity of mucous, which was black, and sometimes streaked with blood; she always remained in the sitting posture, supported by 7 or 8 pillars. Her appetite was completely gone; her diet consisted of a little broth, and sometimes fish, which she took when the cough allowed her a moment's ease; for she had had paroxysms of fifty-two hours in length, during which she had not been able to take the least nourishment—not even liquids.

In the progress of the complaint an affection of the windpipe had come on, and the heart's pulsation had been so frequent that at one time the existence of an aneurism was suspected; but more recently it had been feared that the heart itself was diseased on account of the pain which the patient felt in the region of that organ. When I saw Madame D., she was so low, and so much reduced that she could not help herself to drink without assistance; in fact she was as helpless as a child. The epigastric region was at the same time swollen, and particularly the right hypochondriac, which was also the most sensible on pressure.

This lady had been attended by most of the medical men of eminence in Paris. Remedies of every description had been prescribed for her without affording any permanent relief. In despair of receiving any benefit from men of science she had put herself under the care of some quacks who nearly sent her to the other world by the exhibition of powdered stramonium in too powerful doses. On the 13th of October she was brought to me, and galvanized for the first time; this had the immediate effect of appeasing the violence of the symptoms. The galvanism was repeated daily. On the third day the patient's appetite began to improve; on the fourth she was able to lie in the horizontal position, though for three years before she had been obliged night and day to be supported in bed in the sitting posture by pillows. On the seventh day she could walk up and down stairs, and in a little more than a month from the first trial of this remedy the affection of the windpipe and the pains in the region of the heart began to disappear the patient was able to walk about, and the enlargement in the epigastric region had subsided, excepting in the

\* We have explained the meaning and cause of the rattle, to wit, but the rattle is produced by the accumulation of mucus in the trachea or bronchia; the other by a contraction of these parts, which is the effect, sometimes of inflammation but not unfrequently of pressure from the large vessels.—Ed. of the L.



situation of the liver which still exists to a slight degree.

M. PASCALIN says, that notwithstanding the wonderful change which has taken place in so short a time in Madam D.; we should not be too hasty in concluding that she will be ultimately saved. By means of the stethoscope it has been ascertained that she has emphysema of the lungs, one of the most frequent causes of asthma. The result of the case M. P. will publish at a future period.

*Case of Imperforate Anus.* By JOHN T. SHARPLESS, M., D. of Philadelphia.

In January last I was called, during my tour of duty in the Dispensary, to see a female child, three weeks old, with imperforate anus, which had not been discovered till the infant was ten days old. On examination I found the situation of the anus closed by a thick dense membrane, the fæces passing forward into the vagina, through an opening the size of a quill. By the probe I could discover that the rectum was quite enlarged to about half an inch of where the anus should be, and the stools having a free passage forward. The child from birth had been subject to great tenesmus, which perhaps arose from the tortuous course of the excrements.

In the presence of my friends Drs. J. K. Mitchell, and S. M. Fox, I introduced a small trochar much curved, through the opening into the vagina, and protruded the stilet through the closing membrane, which was exceedingly tough and hard, requiring great force to accomplish it. The opening thus formed was enlarged to the size of a goose quill by the bistoury, and a tent placed in, with directions to the parent to withdraw it as soon as an inclination to stool took place, which could always be foretold by the straining. This was done, but the opening

was so small, and the fæces being determined forward by a ledge of flesh, little passed.

The object intended, was to dilate the opening by tents, but this plan was soon found unavailing, and with a bistoury I divided this ledge and enlarged the whole passage, forming an unobstructed outlet of the natural size.

I now introduced a piece of the largest stomach tube, two inches in length, and extending far above the opening into the vagina. This tube was wrapped with bowgie plaster to a considerable size, opposite the forward passage, to prevent any matters going that way. This was withdrawn every day when no disposition to stool existed, and cleaned, and immediately returned. The bowels were kept laxative by castor oil, and the fæces all passed through the tube. The irritation of the foreign body soon subsided, the tenesmus disappeared, and in two months the opening through the recto-vaginal septum was closed. The tube was now left out several hours every day, so that any sphincter that might exist, should be called into action. In a short time a natural contraction seemed to take place; the edges of the wound became callosous and cicatrized, and in four months the child was perfectly well—presenting such an appearance that no person ignorant of the case, could, upon the most minutest examination, discover that any malformation had ever existed.

*Case illustrative of the utility of Charcoal in Constipation of the Bowels.*—Communicated in a letter to the Editor, by W. C. DANIELL, M.D.

Savannah, June 18, 1823.

MY DEAR SIR,  
Since my communication to you,

published in your Journal for November, 1822, upon the efficacy of charcoal in constipation of the bowels, I have had frequent opportunities of witnessing this disease, and of further testing the powers of the remedy.

This experience has not only confirmed all that I formerly stated as to the efficacy of the article, but has enabled me to add some facts, which I deem of sufficient importance, to beg you to place with those already recorded, for the purpose of imparting a full confidence in a remedy, for which I know no fair substitute. In its commencement, constipation is usually unattended by fever. In its early stages, acidity frequently prevails in the stomach. The secretions of the primæ viæ are chiefly of slime, which frequently is very tough and thick. The first evacuations are composed mostly of it. The charcoal unites intimately with this slime, forming balls varying in size, from half an inch to two or three inches in diameter. The duration of the disease appears to depend in a great degree upon the quantity of this slime, from its continued secretion. When the quantity is great, the balls formed with the charcoal are sometimes so large as to require some more active cathartics to expel them. This has frequently occurred with me. In one of the cases, the first evacuation was produced on the evening of the fourth—in the other on the evening of the fifth day from the first exhibition of the charcoal by the free use of castor oil. Where slime is daily discharged by the former, for more than four or five days, I have derived advantage from the blue pill, given intermediately, as an alterative, between the doses of charcoal. In no case has the cure been complete, where the charcoal has been discontinued

whilst the stools exhibited any slime. In all the cases which I have observed, the fever, if it existed previously, has abated upon the use of this article, nor has it arisen to any extent, nor continued long during the exhibition of it. Much or violent pain is rare whilst the charcoal is given, and when it does occur, it is not of long continuance. Occasional pains shooting through the bowels are all that is usually experienced, and sometimes these are wholly absent. Severe pain is sometimes felt in the loins, sacrum and hips. This is generally onstant—vomitings occasionally take place, and then the discharge is composed of aropy slime with acid.

These vomitings I have never known to recur so frequently as to interfere with the administration of charcoal. In most instances, a dose of it immediately relieves this symptom. I have repeatedly met with cases where stools were not obtained earlier than the fifth day—and such is my confidence in the charcoal, that I would continue its use for a much longer period, if relief was not sooner afforded. I have now prescribed it in numerous cases—repeatedly in consultations, where every remedy commonly resorted to had been tried in vain—and in no instance has it failed to realize my utmost expectations, with only one exception, and that was a case of relapse, attended with suppressed menstruation, from exposure to wet, which terminated in black vomit on the fourth day. In this case, constipation was rather an attendant on yellow fever than the primary disease: indeed, I never saw a better marked case of yellow fever than this was from the commencement. No one article was retained on the stomach for twenty minutes, from the commencement to

anal and mucous, full three inches in length, and two inches in diameter—the remainder chiefly mucus—no fever—coat on the tongue disappearing—occasional slight pain in the back and in sacrum. Had slept well the chief part of the night. Three grains of blue pill every two hours, and charcoal the intermediate hours, were ordered. Afternoon—Had one stool composed of mucus and balls—pulse soft and regular—medicine to be continued; and early in the morning a dose of oil.

9th.—Had enjoyed refreshing sleep—has passed three stools composed of balls and slime—charcoal and oil to be given alternately. Afternoon—Has passed one stool. Ordered senna and cream tart. in broken doses—which being rejected, carbon was given. 10, p.m.—Had passed one stool. There was now a disposition to sleep, which she declared she had not before felt during her illness, although she had slept frequently.

10th.—The evacuation of this morning is without slime—her condition much improved—ordered a more nutritious diet—with a spoonful of charcoal to be given occasionally. After-

noon—Has passed another stool which is without slime.

11th.—Has some fever—has passed a stool composed chiefly of slime. Erected eight of the blue pills of three grains each, one to be given every hour. Afternoon—ordered a dose of oil to work off the pills.

12th.—The medicine has operated twice—the first stool has a considerable quantity of black granular matter at the bottom of the pot, and both stools very soft. After dinner has not slept well.

To be given every hour, and worked off with oil. Tongue pretty clean—considerable appetite. Afternoon—The medicine has produced one free stool, which is very offensive, though very little slime—no fever—no pain—appetite still improving—charcoal to be given two or three times during the night. This treatment was pursued, with occasional omissions, until the 20th, when she was discharged. Her convalescence was slow, though regular.

I am, dear Sir, very respectfully and sincerely, your obedient servant and friend.  
W. C. DANIELL.

## SURGICAL ENGRAVINGS,

*Just published, Plate I.*  
OF A SERIES OF ENGRAVINGS,

DESIGNED AND

*Practical Illustrations of the Surgical Anatomy of the Blood-vessels, Nerves, and other important Parts divided in Amputation.*

By THOMAS ALCOCK, Surgeon.

It is the object of these Engravings to exhibit to the eye the actual and relative situation of all the principal arteries, veins, nerves, and other parts divided in amputation, at the various points usually selected for the performance of that operation; whilst the most essential circumstances are clearly explained by notes of reference engraved on the Plate.

The first Plate represents a section of the leg, at the usual place of performing amputation below the knee, i. e. nearly one third the length of the tibia from its upper end; and may serve as a specimen of the work and of the manner in which it is proposed to elucidate each subject.

Plate I. may be had of Messrs. Burgess and Hill 55, Great Windmill Street, London, and of other medical booksellers, price 7s. 6d.; or mounted, 10s. 6d.

A few proof impressions, coloured under the Author's immediate direction, price 10s. or, neatly mounted, fit for suspension in the surgery of the private practitioner, or in the operating room of hospitals, price 20s.

Plate II. illustrative of the amputation of the Leg by the flap operation, is in forwardness, and will be published early in May.

Published by KNIGHT and LACEY, Paternoster-row, London, at an early hour every Saturday morning, and sold by their Agents in every Town in the United Kingdom.

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# THE LANCET.

Vol. III.—No. 5.] LONDON, SATURDAY, MAY 1, 1854. [Price 6d.

## ROYAL COLLEGE OF SURGEONS IN LONDON.

We have this week withheld the Surgical Lectures, for the purpose of presenting the profession with a copy of the CHARTER of the above College, which at the present moment, in many points of view, is an important document, and will be read by every surgeon with peculiar attention. All will be anxious to discover, whether it contains any clause, or affords any ground for the creation of that bye-law by the Court of Examiners, which we published in our last, and which has excited throughout the profession generally, an universal feeling of disgust. For our own part, we are inclined to question the legality of the charter itself; and we think it highly probable that it will ultimately prove, in point of law, utterly futile and powerless: if so, the bye-laws founded on this Charter are equally inert with its parent, and cannot, legally speak,

be enforced against those individuals who may have the spirit to infringe them. However, whether the Charter of the College be legal or not, something must now be done by Surgical practitioners, to extricate themselves from that disgrace which will inevitably be attached to them, if they any longer yield a tacit obedience to the infamous laws lately promulgated by that College of which they have the misfortune to be members. We have applied the term infamous to the bye laws generally an epithet which unquestionably ought not to be used, unless the circumstances which called it forth were of a marked character, and could not be misunderstood. If each law cannot be thus stigmatized, surely all will agree that one may, at least, and that to which we more particularly allude is the following:—

*“And that all Certificates of attendance at Lectures on anatomy, physiology, the theory and Practice of Surgery, and*

*of the Performance of dissections, be not received by the Court except from the appointed Professors of Anatomy and Surgery in the Universities of Dublin, Edinburgh, Glasgow, and Aberdeen, or from persons teaching in a School of Anatomy, and by the Medical Establishment of one of the recognized Hospitals, or from persons being Physicians or Surgeons to any of those Hospitals."*

Now if this mandate, regulation, bye-law, or whatever other name the College please to call it, be not alike infamous, cruel, tyrannous, and ignorant, we know not what either ever was or can be: yet this bye-law has emanated from the Court of Examiners of the Royal College of Surgeons in London, and that Court composed of the following Gentlemen:

WILLIAM NORRIS,  
SIR DAVID DUNDAS,  
THOMPSON FORSTER,  
SIR EVERARD HOME,  
SIR LUDFORD HARVEY,  
SIR WILLIAM BLIZARD,  
WILLIAM LYNN,

and we grieve to be compelled to add the hitherto respected names of HENRY CLINE, JOHN ABERNETHY, and SIR ASTLEY COOPER.

From the acrimonious feeling displayed by Mr. ABERNETHY in his Physiological Lectures, towards the "continental physiologists," the "hands of modern sceptics" at home; and from his having obstructed the paths of science on that occasion by illiberal national allusions, we are not much surprised at seeing his name attached to a law of the above description. But that the names of CLINE and COOPER should be there mingled with it, does surprise us more than we can express; and nothing less than a distinct and open declaration, on the part of those gentlemen, that they did support the measure—that it was sanctioned by them—can make us believe so preposterous an anomaly.

As to the other Examiners, nothing that they can do will astonish us, except it be a manifestation of liberal and gentlemanly feeling towards their brother practitioners.

However, as the law has been enacted by the Examiners, and as the Charter upon which that law is founded, may prove a legal, valid instrument, in virtue of which the College may plead, and be impleaded, the question for consideration with the pro-

fession is, what steps are to be taken to annul the obnoxious measure: to this we reply, that an immediate meeting of Surgeons should be held for the purpose of presenting a petition to Parliament, praying for a new Charter; and likewise praying that the bye-laws, which have been passed, founded on the present Charter may be cancelled. The profession should likewise petition that the Council, Curators, and Examiners of the College be elected to their respective offices by the MEMBERS, so that each member may have a voice in the election of those persons who are to regulate the proceedings of that College, in the prosperity of which he must feel a personal as well as national interest. If the Examiners of the College had been thus elected, we feel confident they never would have attacked private property—they never would have outraged common sense—never would have been guilty of such injustice to their fellow lecturers—never would have offered such an insult to the surgical profession, and to society in general, as they have done in the instance before us.—We confidently anticipate

that surgeons will no longer quietly acquiesce in the abrogation of their rights, but will now spiritedly advance and defend their privileges against the tyrannous encroachment of this Hydra College.

If practitioners on this occasion do but resolve on those decisive measures their duty imperatively calls upon them to adopt, and promptly petition the Legislature, it will be impossible that the Examiners of the College can maintain their ground, for they will necessarily be compelled to submit, either to some legal enactment, or to the equally potent influence of public indignation.

For our own parts, while the lately enacted bye-law continues to exist, we will never cease to denounce it as tyrannous, infamous, and cruel: and on all occasions we will point out the promoters of it, as men who are opposed to the best interests of society—who have attempted, wantonly, to confiscate private property; and, who have attempted to throw insuperable obstacles in the already intricate paths of science. Such men ought not to continue in power; and we hope to see them speedily removed from

that official eminence to which they have improperly, and unfortunately for society, been raised.

Whatever is to be done by practitioners to get rid of this odious regulation must be done quickly, and we hope to see, in a very few days, a Meeting of the Profession announced, having for its chairman some member of the College, whose name will give consequence and importance to the proceedings.

#### THE CHARTER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

George the Third, by the grace of God, of Great Britain, France, and Ireland, King, Defender of the Faith, &c. To all to whom these presents shall come, Whereas our royal predecessor, King Edward IV. by certain letters patent, under the great seal of England, bearing date the 24th day of February, in the first year of his reign, did, at the supplication of the Freemen of the Mystery of Barbers of the city of London, using the mystery or faculty of surgery, grant to them, among other things, that the said mystery, and all the men of the same mystery of the said city, should be one body and perpetual community, and that two principals of the same communally, of the most expert men in the mystery of surgery, might, with the assent of twelve, or eight persons at the least, of the same community, every year elect and make out of the community, two masters, or governors, being the most expert in the mystery of surgery, to oversee and govern the mystery and ...

And whereas by an Act of Parliament made and passed in the 32nd year of the late King Henry VIII. entitled for Barbers and Surgeons, after reciting, that, within the city of London, there were then two several and distinct companies of surgeons, occupying and

exercising the faculty of surgery, one company called the Barbers of London, and the other company called the Surgeons of London. It was thereby enacted, that the said two several and distinct companies of surgeons should from thenceforth be united, and made one entire and whole body corporate, and one communally perpetual, which at all times thereafter should be called by the name of the Masters or Governors of the Mystery and Communality of the Barbers and Surgeons of London; and by the same name to implead and be impleaded before all manner of Justices, in all Courts, and in all manner of suits.

And whereas in and by certain letters patent, under the great seal of England, bearing date the 15th day of August, in the fifth year of the reign of his late Majesty, King Charles I. reciting, that the men of the same companies enjoyed divers liberties and franchises within the city of London, the suburbs and liberties thereof, by virtue of divers Acts of Parliament, and divers charters, and letters patent, his said Majesty did grant and confirm unto the said Masters and Governors of the mystery and communally aforesaid, and their successors, all and singular the manors, messuages, lands, tenements, customs, liberties, franchises, immunities, jurisdictions, and hereditaments, whatsoever, which the men of the said companies then held, used and enjoyed, by any lawful means or title whatsoever: and his said late Majesty did thereby give power to the said corporation, to make annual elections of Masters or Governors of the said communally, whereof two to be professors in the art and science of surgery; and also to elect and constitute ten of the freemen of the said society to be examiners of surgeons in London.

And whereas by an Act of Parliament, made and passed in the 18th year of the reign of our late royal grandfather, King Charles II. entitled "an Act for uniting the Surgeons of London and the Barbers of London, two separate and distinct corporations," It was enacted, that the said union and incorporation of the Barbers and Surgeons of London, made and effected by the aforesaid Act of the 32nd year of King Henry VIII. should, from and after the 24th day of June, 1745, be dissolved and declared void and of no effect; and that such of the members of the said united company who were freemen of the said company, and admitted and approved surgeons, within the rules of the said company, and

their successors, should, from thenceforth, be made, and they were thereby made and constituted, a separate and distinct body corporate and commonly perpetual, which at all times thereafter were to be called by the name of Master, Governors, and Commonalty of the art and science of Surgeons of London, and by the same name might implead and be impleaded, before all manner of Justices, in all Courts, and in all manner of actions and suits, and take to them and their successors, lands, tenements, rents, or hereditaments, not exceeding the yearly value of 200l. in the whole.

And whereas we are informed that the said Corporation of Master, Governors, and Commonalty of the Art and Science of Surgeons of London, hath become and now is dissolved: And whereas it is of great consequence to the commonweal of this kingdom, that the art and science of surgery should be duly promoted: And whereas it appears to us, that the establishment of a College of Surgeons will be expedient for the due promotion and encouragement of the study and practice of the said art and science, now we, of our special grace and mere motion, and at the humble petition of James Earle, Esq. the late master, and divers other members of the aforesaid late corporation of surgeons; have willed, ordained, constituted, declared, given and granted, and by these presents, for us, our heirs, and successors, do will, ordain, constitute and declare, give and grant unto the aforesaid James Earle, and unto all the members of the said late company or corporation of master, governors, and commonalty of the art and science of surgeons of London, having been admitted and approved surgeons, within the rules of the said company; and also unto all such persons, who upon, or since, the dissolution of the said corporation, shall have obtained letters testimonial, under a seal purporting to be the seal of the said late dissolved corporation, authorizing them to practise the art and science of surgery; that they, from henceforth for ever hereafter, shall be and remain by virtue of these presents, one body corporate and politic; by the name of **THE ROYAL COLLEGE OF SURGEONS IN LONDON**, and by the same name shall and may have perpetual succession, and a common seal; with power to break, alter, and make anew, the said seal, from time to time, at their will and pleasure; and by the same name shall and may implead, and be impleaded, before all manner of

Justices, in all Courts, and in all manner of actions and suits; and shall be at all times and for ever hereafter persons able and capable in Law to take, purchase, possess, hold and enjoy, and shall and may take, purchase, possess, hold and enjoy, a Hall or Council-house, with its appurtenances, situate within the Cities of London or Westminster, or within one mile of either of them, for the use and purposes of the said College; and also any other lands, tenements, rents, and hereditaments wheresoever situate, lying and being; not exceeding together with the aforesaid hall or council-house, and its appurtenances, the yearly value of one thousand pounds in the whole; without incurring any of the penalties in any statute of mortmain, or any thing, in any statute of mortmain, to the contrary notwithstanding.

And it is our further will and pleasure, that nothing in these presents shall be construed to give the corporation of the City of London any power . . . or the said College . . . and incorporated; and that no person, by virtue of these our letters patent, constituted or ordained, or hereafter to be admitted a member of the said college, shall be thereby entitled to any franchise belonging to the Freemen of the City of London.

And it is our further will and pleasure, and we do hereby, so far as we lawfully can or may, grant and ordain, that the said Royal College of Surgeons, hereby incorporated, shall and may exercise and enjoy all and singular other the gifts, grants, liberties, privileges and immunities, possessions, real and personal, whatsoever and wheresoever, herein before mentioned, or by any Act or Acts of Parliament, or by any letters patent, of our Royal Predecessors, Kings and Queens of England; given, granted, and confirmed unto, or otherwise lawfully acquired by, and belonging to the said late Master, Governors, and Commonalty of the Art and Science of Surgeons; or any of them, and not hereby altered, taken away, changed, or abridged, made void, or annulled.\*

\* The privileges which the Members of the Corporation obtained at different times, from the first incorporation of the body by a Charter, in the reign of King Edward IV. were, Liberty to practise Surgery, to the exclusion of unqualified persons; and the exemption, which were granted to them, were from the offices of Watch and Ward; from Juries and Inquests; and the bearing of a mourning. These were granted, at different periods, by Charters of the 24th of February, 1st Edward IV.; 6th



And it is our further will and pleasure, that the College of Surgeons hereby established, shall be liable to, and shall perform, such duties as the late dissolved Company of Surgeons was at any time liable to, and did perform, by virtue of an act made in the 25th year of the reign of our Royal Grandfather, King George II., intitled, "An act for the better preventing the horrid crime of murder."

And further we will, that the said College shall, and by these presents they are required to purchase or provide a proper room, house, or building, with suitable conveniences, within four hundred yards, at the farthest, from the usual place of execution for the County of Middlesex, or the City of London, and the Suburbs thereof; for the purpose of more conveniently dissecting and anatomizing the bodies of such murderers as shall at any time hereafter be delivered to them by virtue of the last mentioned act.

And it is our further will and pleasure, that it shall and may be lawful, to and for the said College, hereby established and incorporated, from time to time in the manner hereinafter mentioned, to elect, choose and appoint, twenty-one persons to be the court of assistants of the said College: of which court of assistants ten persons shall at all times be constituted and appointed examiners of surgeons for the said College; and of such ten persons one

shall be Principal Master, and two others shall be Governors; to be respectively qualified and admitted in such manner, and to continue in the said offices respectively, from such time or times as by these our letters patent is hereinafter ordered and appointed. And it shall and may be lawful for the Master and Governors of the said College, or for one of them, together with ten or more of the Members of the said court of assistants for the time being, when and as often as to any one of the Master or Governors shall seem meet, to hold courts in law, equity, in order to treat and determine, and concerning, the rule, order, state, and government of the said College. And also that it shall and may be lawful to and for the said Master and Governors, and court of assistants so assembled, or the major part of them, to make, ordain, confirm, annul, or revoke, from time to time, such bye-laws, ordinances, rules, and constitutions as to them shall seem requisite and convenient, for the regulation, government, and advantage of the said College: so as such bye-laws, ordinances, rules and constitutions be not contrary to law; and in all such cases as shall be necessary, be examined, approved of, and allowed, as by the laws and statutes of this realm is provided and required: and also to transact and ordain all such other matters and things as the Master, Governors and court of assistants, of the late dissolved Company or Corporation, of the Master, Governors, and Commonalty of the Art and Science of Surgeons of London, might heretofore lawfully do, transact, or ordain."

And further we will, that Charles Hawkins, esq. one of our principal serjeant surgeons, shall be and he is hereby constituted and appointed the first Master of the said College of Surgeons: and that William Long and George Chandler, Esquires, shall be, and they are hereby constituted and appointed, the first Governors of the same: And that the said Charles Hawkins, William Long, and George Chandler, together with Joseph Warner, William Lucas, Samuel Howard, and William Cooper, Esquires, the said James Earle, Thomas Keate, Esquire, the Surgeon General to our Forces, and Charles Blicke, Esq. shall be, and they are hereby constituted and appointed, the first examiners of Surgeons for the said College. And also that the said Charles Hawkins, William Long, Charles Chandler, and Joseph Warner, Jonathan Withers,

of the 15th Henry VII.; 12th of March, 2d Henry VIII.; 31st of January, 21 James I.; and 15th August, 5th Charles I.; and by Acts of Parliament, of the 8th and 32d Henry VIII. and 13th George II.

But as all the rights and exemptions were fully confirmed and established by the Act of the 18th George II.; it is thought unnecessary to enumerate any of the earlier authorities; and that it will be sufficient to state, that by the Act of 18th George II. it was enacted, "That the Company of Surgeons, made and incorporated by that Act, and their successors, and assigns, who then had been, or thereafter should be examined and approved, pursuant to the rules of the said Company, should be entitled to practise freely, and without restraint, the Art and Science of Surgery, throughout all and every the Majesty's dominions, any Law or custom to the contrary notwithstanding."— "And it was further enacted, that all and every the freemen of the said corporation, and who had been, or thereafter should be examined and approved, pursuant to the rules and orders of the said Company, and every of them, for so long time as they should use and exercise the Art or Science of Surgery, and no longer, should and might, at all times thereafter, be freed and exempted from the several offices of constable, scavenger, overseer of the poor, and all other parish, ward, and leet offices; and of and from the being put into, or serving upon, any Jury or Inquest."

Esquire; the said William Lucas, Samuel Howard, William Cooper, James Earle, and Charles Blicke, Thompson Foster, Esquire, John Birch, Esq. the said Thomas Kente, John Heavyside, John Howard, William Bizard, and Henry Cline, Esquires, David Dundas, Esquire, the other of our principal Serjeant Surgeons; and such three other persons as shall be elected to that office on the day whereon the court of assistants of the said College, hereby incorporated, shall first meet, after the date of these our letters patent, or at a court of assistants to be holden within one month then next after; shall be and they are hereby constituted the first court of assistants of the said College of Surgeons, hereby incorporated and established.

And it is our further will, that the said master and Governors shall respectively hold and enjoy their said offices of Master and Governors from henceforth until the first Thursday in July next after the day of the date of these presents; and from thenceforth until a new election of a Master and Governors of the said Corporation shall take place, as is hereinafter expressed.

And we also will, that the said persons, so before named and constituted examiners of surgeons of the said college, and their successors in that office, duly chosen, nominated, or appointed, and that the said persons so before named and constituted assistants of the said college, established by these our letters patent, and their successors in that office, duly chosen, nominated or appointed, shall respectively hold and enjoy their said offices during their natural lives, or until they shall be lawfully removed out of the said offices for any reasonable cause.

And it is our further will and pleasure, that the two principal serjeant surgeons to us, and to our heirs and successors, and the surgeon general to our forces, and to the forces of our heirs and successors, if they or any of them, at the times of their appointments respectively, shall not be members of the court of assistants and examiners of the said college, shall be from time to time admitted members of the said court of assistants, and also examiners of the said college hereby incorporated, when and so soon as any vacancy shall happen, from time to time, after the appointment of every such serjeant surgeon, or surgeon general respectively, in preference to all other persons.

And further it is our will and pleasure, that the masters and governors of the said college, hereby incorporated and established, or one of them, together with the assistants of the said college, hereby nominated, or the major part of them, shall, within thirty days next after the date of these our letters patent, meet at such place at which the persons, members of the said late corporation, shall have usually held their meetings, for the space of six months next before the day of the date of these presents, or at such other place within the cities of London or Westminster, or within one mile of either of those cities, as the master or governors, or any two of them, hereby constituted, shall in that behalf, by notice to be by them given and published in the London Gazette, fourteen days before the day of holding such meeting for that purpose, appoint; and shall then and there hold a court of assistants, for carrying into effect these our letters patent; and at such court the said master and governors, examiners and assistants, or such of them as shall be then present, shall administer unto each other respectively, and each of them shall take the respective oaths following, that is to say, the said master and governors shall take the following oath:—"You do swear that, according to the best of your skill and knowledge, you will discharge the several trusts and powers vested in you as master (or governor, as the case may be) of the Royal College of Surgeons in London; and that you will diligently maintain the honor and welfare of the said college; and in all things, which shall in any sort concern your office, you will act faithfully and honestly, without favour or affection, prejudice or partiality, to any person or persons whomsoever.—So help you God."

And that each of such examiners and assistants shall take the following oath, that is to say:—"You do swear, that so long as you shall remain in the office of examiner (or assistant as the case may be) of the Royal College of Surgeons in London, you will diligently maintain the honor and welfare of the said college; and in all things relating to your office, and with all manner of persons, act equally and impartially, according to the best of your skill and knowledge.—So help you God."

And no person hereby appointed, or hereafter to be elected master, governor, examiner, or assistant of the said college, hereby established and incorporated, shall proceed to act in the ex-

execution of such office, until he and they shall have taken the respective oath and oaths herein before mentioned, which shall be duly administered to them respectively, at a court of assistants to be holden in pursuance of these our letters patent.

And we further will, that the master, governors and assistants, for the time being, of the said college, hereby made and established, shall, upon the first Thursday in the month of July next after the date of these our letters patent, or within one month then after, and upon the first Thursday in July, in every succeeding year, or within one month then after, meet in the place which shall from time to time be used, or appointed to be used as their hall or council-house, or as near to such hall or council-house as conveniently may be; and then and there elect, chuse, and appoint out of the examiners, by the majority of votes of such of the court of assistants as shall be then present, one person to be principal master, and two other persons to be governors of the said college, for the then succeeding year; and then and there also, in like manner, chuse and appoint one or more of our principal surgeons, or the surgeon-general of our forces, if not already an examiner or examiners of surgeons of the said college; or otherwise shall chuse and appoint out of their own body, some other person or persons, to be examiner or examiners of surgeons for the same college, in the place and stead of such examiner or examiners as shall have happened to die, or have been removed from the said office of examiner in the then next preceding year, unless such vacancies in the office of master or governor, and in that court, shall have been previously filled up within the then preceding year, which it shall be lawful for the said court of assistants to do, at any special court to be held for that purpose. And also in like manner chuse and appoint, out of the members of the said college established by our letters patent, some person or persons to be the court of Assistants of the said college, in the place of such persons as shall have happened to die or have been removed from the said office of one of the court of assistants in the then next preceding year, unless such vacancies in that court shall have been previously filled up within the then preceding year; which it shall be lawful for the said Court of Assistants to do, at a special court to be held for that

And it is our will and pleasure, that the Master, or one of the Governors, together with ten assistants at the least, shall be at all times sufficient to constitute a Court of Assistants for the purpose of such elections, or for the purpose of transacting any other business belonging to the said Court. But no Court of Assistants shall be holden for the special purpose of electing any person to be Master, Governor, Examiner, or Assistant; without seven days previous notice to be given for that purpose, by summons to the members of the Court of Assistants for the time being.

And furthermore it is our will and pleasure; that if at any time or times hereafter, it shall happen that the Master and both the Governors of the said college hereby established, shall die, or become incapable of acting before the election of a new master and governors, according to the provisions herein before contained, that then, and in every such case, it shall and may be lawful for the senior member of the Court of Assistants, who shall be capable of attending, to summon, to convene, and hold a Court of Assistants, which shall be held as soon as may be next after the death or incapacity of the last of such of them the said Master and Governors, who shall be so dead or incapable of acting; and that at such Court, a Master and Governors of the said college, shall be elected for the remainder of the then current year; and that it shall and may be lawful for the senior assistant of the said college who shall be then present, to preside at and hold such Court, and to administer to the new Master and Governors, who shall be then and there elected, the oath appointed to be taken by the Master and Governors of the said College as aforesaid, any thing herein contained to the contrary thereof notwithstanding; And in case it shall happen that on the day appointed for the ordinary election of Master and Governors for the ensuing year, the Master and both the Governors shall be dead, or incapable of attending, the senior member of the Court of Assistants, who shall be present at the Court of Assistants, to be held for the purpose of such election, shall preside at and hold such Court, and administer to the new Master and Governors, who shall then and there be elected, the oath appointed to be taken by the Master and Governors of the said College as aforesaid, any thing herein contained to the contrary notwithstanding, and in case it shall at any time happen

that the persons who shall assemble at the day and place appointed for any Court of Assistants to be holden in pursuance of their our letters patent, shall not be capable of holding such Court, by reason of the absence of any of the members of the Court whose presence shall be required for that purpose, it shall be lawful for the senior member present to adjourn such Court to a future day, provided that no such adjournment shall be made until after the expiration of one hour, at the least, from the hour appointed for holding such Court.

And it is our further will and pleasure, that after the day of the date of these presents, no person except those who before the day of the date of these presents were Members of the late Corporation of Surgeons, established by the said act, made and passed in the eighteenth year of the reign of our Royal Grandfather, King George II.; and also excepting such persons as shall have received such letters testimonials as aforesaid, under a seal purporting to be the seal of the late dissolved Company or Corporation of Surgeons, shall be capable of becoming a Member of the said College hereby established, unless he shall have obtained letters testimonial of his qualifications to practise the art and science of surgery, under the common seal of the college hereby established; but every person who shall hereafter obtain such letters testimonial, under the common seal of the college aforesaid, shall thereby, by virtue of such letters testimonial, become and be constituted a member of the said college, subject to all the regulations, provisions, and bye-laws of the said college.

And it is our further will and pleasure, that from and after such day on which the court of assistants of the college hereby established shall first meet, in the manner before mentioned, the Examiners of the College of surgeons hereby established, shall and they are hereby required from time to time, upon request to them made by the commander-in-chief of our forces, and by the Lord High Admiral or Commissioners for executing the office of Lord High Admiral, or any other officer of us, our heirs or successors, properly authorised to examine every person who shall be a candidate to be appointed to serve as a surgeon or assistant surgeon, in any regiment, troop, company, hospital, or mess of soldiers, in the service of ourselves, our heirs or successors, or to serve as a surgeon or surgeon's

mate, appointed on board any ship or ships in the service of ourselves, our heirs and successors, or any other service in which we, our heirs, or successors, shall think fit to employ any person to act in any such capacity, and shall accept and receive for each such examination, from the person so examined, namely, such fee or reward as shall from time to time be allowed by such officer or officers of us, our heirs and successors, as shall be authorised to require such examinations, to be had respectively, and no more; and shall also in like manner examine all surgeons' instruments to be used in our service, which they shall be required in like manner to examine, and shall return such instruments, when examined, to such person or persons as shall be appointed to receive the same, with such certificate, in such form, and properly sealed up, or otherwise authenticated in such manner as the officer or officers, from time to time, to be appointed by us for such purposes, shall require; and taking for the same examination such fee or reward as shall be allowed from time to time by such our officer or officers respectively, and no more.

Provided always, that the fees or rewards from time to time to be appointed as aforesaid, for the examination of any such person or instruments as aforesaid, shall not be less than the fees or rewards heretofore paid for the like examinations respectively.

And lastly we will that no court or courts for the examination of any person or persons touching their skill in surgery, shall ever be held but in the presence of the master or one of the governors, and five of the members, at least, of the court of examiners of the said college, hereby established and incorporated as aforesaid.

And it is our further will and pleasure, that the members of the said late corporation, and such other persons who, since the dissolution thereof, shall have obtained such letters testimonial under a seal purporting to be the seal of the late dissolved company or corporation as aforesaid; and who shall in writing become and be members of the said college hereby established and incorporated, shall testify their acceptance of these our letters patent, and their consent to become members of the said college, by signifying such their acceptance and consent in writing to the court of assistants, within six calendar months after the date of these our letters patent, who shall cause such acceptance and

consent to be entered in certain books to be kept for that purpose, at the hall or council-house of the said college; and the said Court of Assistants are hereby required to keep such books, and have such entries made therein accordingly.

And it is our further will and pleasure, that such and so many of the members of the said late corporation, and of such persons as shall have obtained such letters testimonial as aforesaid, as shall not, within the time aforesaid, signify in manner aforesaid, their acceptance of these our letters patent, shall not be deemed or be members of the said college, unless they shall be duly admitted to be members thereof, by the said Court of Assistants, upon special application made to them for that purpose.

Provided always, that if any of such persons shall happen to be beyond the seas at the date of these our letters patent, it shall be lawful for such persons respectively to signify their acceptance thereof, in manner aforesaid, within six calendar months after they shall return respectively to this Kingdom.

Nevertheless it is our will and pleasure, that the Master, Governors, and Assistants, of the college hereby established, and herein before specially named and appointed, shall and may proceed to hold a court for the purpose of carrying these our letters patent into execution, as aforesaid, without having testified their assent to, and acceptance of, such letters patent, by any writing, or by any entry to be made in manner aforesaid.

Witness his Majesty, at Westminster, the 22nd day of March, in the fortieth year of his reign.

BY WRIT OF PRIVY SEAL,  
WILMOT.

*De la MORLE EPINIERE et de ses MALADIES, Ouvrage conforme par la SOCIÉTÉ ROYALE DE MÉDECINE de MARSEILLE, dans sa séance publique du 23 Octobre 1823. Par C. P. OLLIVIER Docteur en Médecine, &c. Paris 1824. 8vo.*

*Treatise on the Spinal Marrow and its Diseases, to which the prize was adjudged by the Royal Society of Medicine, of Marseilles, at a public meeting held on the 23d of October, 1823. By C. P. OLLIVIER, Doctor of Medicine, &c. Paris, 1824. 8vo.*

No one who has paid the

least attention to the state of medical science in Europe, during the few last years can fail of being struck at the unwearied exertions which our continental neighbours have been making towards its improvement. To enumerate the individuals who have been thus usefully engaged would be to mention a long list of names, many of which are familiar to our readers; or to recapitulate the improvements which they have effected in the different branches of medicine, would occupy a far larger space than we could at present spare. suffice it to say, that from the manner in which their exertions are directed, they must ultimately tend to promote the great object for which medicine as a science exists—the discovery of means by which disease may with certainty be relieved. To arrive at any thing like certainty in the practice of medicine, we must first possess a clear conception of the nature of the diseases we meet with, and this can only be obtained by close attention to the symptoms which disease presents in its different stages—minute observation of the appearances which are to be found after death, then (these being accurately recorded) by careful comparison of the one

with the other, and persevering efforts to trace the connexion between them. Medicine can be advanced but by these means, by close observation on the one hand of the effects of disease, and reflection on the other to discover its causes. It is gratifying to perceive that this mode of studying disease is becoming general, that a new era has arisen in the history of medicine, mainly brought about by the zeal and industry of the French. They are continually sending forth to the world new facts, which tend to throw fresh light on pathology; and a work on medicine is valued by them just in proportion to the number of cases which are brought forward to elucidate the particular disease treated of, a circumstance that accounts for the numerous interesting cases generally to be found in their medical publications.

The volume before us treats of the affections of the spinal cord, which, though not so frequent in their occurrence as many others, are still important in their consequences, and have been too much overlooked. M. OLLIVIER's work is divided into three parts; in the first, he has considered the anatomy of the

spinal marrow; in the second, its functions; and in the third, its diseases: to this last part he has devoted the greatest portion of the book, the other two being passed over in a more cursory manner. We shall briefly notice the functions of the spinal marrow, but shall dwell more at large on the pathological part of the volume.

The spinal cord is fortunately so situated as to allow of direct experiments being made on it; by the experiments of different individuals several of its properties are already well ascertained; by those of Mr. C. BELL \*, and M. MAGENDIE we know that motion, or the power of motion, resides in the anterior, and sensation or the power of sensation in the posterior roots or filaments of the spinal nerves, and that they usually lose both these powers when separated from the spinal marrow. We have frequent opportunities of witnessing the effects of injury of this organ on the human body, how paralysis of the parts below the injury takes place, and instantaneous death is the result

\* We are sorry to say that some of the experiments of Mr. CHARLES BELL have been re-tried and published to the world by others without the slightest acknowledgment of the genius of the individual who first suggested them.

when the mischief is done to the upper portion of the cord; thus we see that it exercises an influence on motion, sensation, and all the important functions of life. The influence of the spinal marrow on the heart's action, is not so direct and mediate as on respiration, which has been proved by the experiments of Wilson\* and Clifte. M. OLLIVIER speaking of respiration says:—

"This function (respiration) is entirely dependant at least in the mammiferous animals, on the spinal marrow; so close a dependance is explained by the connexion which exists between the nerves supplying the organs of respiration, and this organ from which they arise. If the origin of the eighth pair of nerves is removed from an animal belonging to this class, he immediately dies, although all the other nerves connected with respiration, remain entire. In the same manner do persons generally die, who receive injuries on the cervical portion of the spinal cord: the closer the seat of the mischief is to the origin of this pair of nerves, the more rapidly do they expire." p. 64.

M. O. notices the opinion of Mr. BRODIE on the development of caloric in the animal economy, published in the *Philosophical Transactions* for 1811, where that surgeon states that he conceives the brain to be the principal agent of this phenomenon. Mr. BRODIE's experiments have been repeated by M. CHOSSAT,† who seems to

have come to a different conclusion, and says that the brain alone is not concerned in the production of the animal heat; nor does Mr. BRODIE assert that it is, he thinks it to be the chief, but not the sole agent in its production. M. CHOSSAT's experiments on the spinal cord are interesting, and clearly show that it has considerable influence on the animal heat; he has observed that when divided just below the occiput (artificial respiration being kept up), as well as between the second, third and seventh cervical, and first dorsal vertebræ, diminution of the animal heat takes place to the same degree as has been produced by injuries of the brain; he also divided the spinal marrow on several dogs, between each vertebræ, beginning from the first dorsal, and the heat diminished more gradually, and death was protracted in proportion as the division was performed low down. Having thus stated the connexion between the spinal marrow and the most important functions of the body, in order that the symptoms attending its diseases may be the better understood, we shall proceed to consider the various affections to which this organ is liable.

\* *Philosophical Transactions*, 1815.

† *Influence du système nerveux sur la chaleur animale. Dissert.* laug. Paris. 1830.

The effects of injury of the spinal cord were not unknown to the ancients, and GALEN more particularly has described them with considerable accuracy; the information we possess respecting them is nearly *in statu quo* as when that philosopher wrote. But since his time our knowledge of the diseases of the spinal cord has been improved, and several curious instances of malformation of this organ have been recorded; to these last M OLLIVIER also directs the attention of his readers, being unwilling to overlook any of the changes which the spinal marrow undergoes.

M. O. classes the affections of this organ under ten heads, each of which is considered in a distinct section; they are 1. MALFORMATION; 2. WASTING or ATROPHY; 3. WOUNDS and CONTUSIONS; 4. COMPRESSION; 5. CONCUSSION, of the SPINAL MARROW; 6. EFFUSIONS into the VERTEBRAL CANAL; 7. INFLAMMATION of the ARACHNOID COVERING of the CORD; 8. INFLAMMATION of the CORD itself; 9. MORBID TISSUES developed in the SPINAL MARROW or its MEMBRANES; and lastly, The DISEASES depending, ac-

cording to some authors, on the ALTERATIONS which take place in this ORGAN and its COVERINGS. In the consideration of these affections we shall follow the arrangement of M. OLLIVIER.

CHAP. I.—The imperfections in the formation of the spinal marrow are various, the most extraordinary of which is that where its organization is not developed, and the organ is wanting altogether. MORGAGNI has collected several cases of this kind in his work on the *Seat and Causes of Disease*, (Epist. xii.) and in the writings of other continental authors similar ones may be found. But this singular phenomenon has been always observed in company with another no less curious, and that is the absence of the brain. M. O. speaking of this circumstance, says.—

“It appears that the absence of the spinal marrow always involves that of the brain; for the former has never been observed to be wanting when the latter was present, whilst numerous instances have occurred of persons without the brain having had the spinal marrow. This difference is a consequence of the manner in which the two organs are developed.” p. 84.

A foetus arrived at its full time without the cerebrum, cerebellum, and spinal marrow, but in other respects well formed, and which lived two hours,



was presented to the Academy in 1711, by FAUVEL. In 1712, the case of another foetus with the organization equally defective, which lived twenty-one hours, and took some nourishment, was related to the Academy by MERREY. M. OLLIVIER, unable to explain how life can be maintained without these important organs, thinks that the absence of the spinal marrow is only apparent and not real, although he himself cites a case from MORGAGNI, from which there can be no doubt as to the non-existence of both the brain and the cord. MORGAGNI says, that VAN-HORNE dissected in the year 1665, a seven months' foetus, in which there was no cranial cavity, so that the head was one solid osseous mass, nor the slightest trace of cerebrum, cerebellum, or spinal marrow; in fact, there was no opening through the vertebræ. In some of the cases, however, on record, and more particularly in one minutely examined by M. LALLEMAND, an account of which he gives in his inaugural thesis\*, a yellow fluid enclosed by membranous coverings, has been found occupying the verte-

bral canal, and from this M. O. draws the following general conclusion:—

"It is certain that the spinal marrow may be observed to be entirely wanting, but this defect is only apparent. The form and consistence of the marrow are not there, it is true; but the yellow viscid fluid, which supplies the place of the medullary substance is nothing else but this very substance in its elementary state. It is to this liquid, and the completeness of the membranous canal in which it is enclosed that we must attribute the cause of the movements, which are of the usual force, in the human foetus, born to all appearance without the ~~the~~ spinal system. This fluid performs the functions of the spinal marrow till the covering which encloses it is broken, whether that be before or during delivery."

—page 93.

Besides this defect in the development of the spinal marrow, there are several others occasionally met with, an irregular formation of the upper part of the cord (when it exists) in those instances where the foetus is born without the brain or head altogether; a division of the marrow into halves; varieties in its length and breadth and cavities existing in it. These three last mentioned alterations in this organ are not unfrequently produced by an affection called CONGENITAL DROPSY of the CORD, water existing between the cord and its coverings from birth, which on this account will be considered at present. Those who have had opportunities of examining the spinal cord must have

\* *Observations Pathologiques propres à éclairer quelques points de Physiologie.*—Diss. Inaug. Paris 1818.

often found water in this situation in the adult; it is therefore not at all a rare occurrence. But when this complaint exists from birth it is characterized by a swelling in one or more points in the direction of the spine, or perhaps throughout its whole extent, a symptom seldom present in the adult; and this is owing to the different states of the vertebræ in the two periods of life, at which the affection occurs. The following is M. OLLIVIER's description of the form and situation of the swelling in congenital dropsy of the cord.

"The form of the tumour on the spine is sometimes round, and at others oval; in some cases it is large at the base, in others on the contrary narrow, and then is of a pyriform shape. In fine, when the spine is bield through all its length: it forms a longitudinal projection more or less prominent, of which RIDLOO and VALSALVA have each given an instance. In breadth it varies from the size of a small nut to that of both fists joined together. The tumour is occasionally transparent, but generally opaque; the skin is not altered in colour; it is situated on the loins, more frequently than in the dorsal region, and often in both at the same time. It is rarely situated in the neck, unless the cranium be in the same condition as the spine. It has been very seldom observed on the sacrum, though there are a few examples of its being seen in this situation."

—page 122

The water is as we observed before, situated between the cord and its membranes, and in addition to these last it is covered also by the skin, although

some cases are on record where the skin has formed no part of the covering. The chemical composition of the fluid is similar to that found in hydrocephalic persons. The children born with this affection are for the most part alive, but few survive any considerable time; their death is slow or quick in proportion to the developement of the tumour. Some have, however, lived beyond twenty, and we believe that there is a woman in London at present with this affection twenty-one years of age. Various modes of treatment have been recommended, such as opening the tumour, its removal by a ligature when the base is narrow, the remedies usually used to excite the absorbents, and also repeated punctures by a needle, so as to evacuate the water gradually; but the result of these means is generally unsuccessful, and when this complaint is combined with hydrocephalus (as it frequently is) the treatment must be directed towards it, but the danger is greatly increased.

CH. II. *Atrophy or Wasting of the Spinal Marrow* is the next subject to be considered. This state of the organ has been found in persons, who for a long

time before death laboured under hemiplegia; in some cases a marked diminution in size has been observed of the whole of the lateral half corresponding to the side affected. MORGAGNI relates an instance that fell under the notice of SALZMANN, who saw the spinal marrow of a man that had been affected with paralysis of the lower extremities, entirely wasted in the upper lumbar vertebræ, so that a great part of the lumbar nerves was affected in the same manner. M. O. thinks that he has found the spinal marrow in old persons much shrunk, and then asks, may not the weakness of the movements in old age be accounted for by this circumstance? This does not strike us as a very philosophic explanation of the debility accompanying advanced years; for even admitting the fact that the cord is diminished in old persons, there still remains to be proved whether it takes place prior or subsequently to the weakness which is felt, and the wasting of the other parts of the body. Atrophy of the spinal marrow may be occasioned by displacement of the vertebræ.

M. O. says "when a curve of the spine has been produced by caries of the vertebræ, it may happen that the

pressure gradually kept up as the curve increases, will produce a loss of the medullary substance corresponding to it; so that the coverings only of the cord are in communication between the points above and below the part compressed. At first this diminution in the course of the spine may produce a change in the form of the marrow without a diminution of its size."—p. 140

CH. III. and IV. *Wounds, Contusions, and Compression of the spinal marrow.* Wounds of the cord are either produced by some sharp-pointed instrument, or by the vertebræ themselves in cases of fracture and dislocation, but seldom from the first cause. We shall give a case or two in which the cord has been injured, so that our readers may be able to see the symptoms which were present. We shall first notice the following interesting case mentioned by M. Ollivier, but taken from M. Petit's\* work on diseases of the bones;—

The only son of a mechanic, between six and seven years of age, went into the shop of one of his neighbours, who, in playing with the little boy, lifted him from the ground by passing one hand under the chin, and the other on the lower and back part of the head. scarcely had he raised the child from the ground, but it kicked violently, dislocated the head,

\* *Maladies des os*, tom. I. p. 51.

and instantly died. The father came in at the very moment of the accident, and transported with rage, threw at his neighbour a sharp-pointed instrument that he held in his hand, and which wounded him in the back of the neck; it entered the space between the first and second vertebrae of the neck, and caused his death within a few minutes of the child's, and by the same means, viz. injury to the spinal marrow."

*Case of Dislocation of the Sixth Cervical Vertebra on the seventh; contusion and compression of the Spinal Marrow.*

"On the 10th of December, 1821, Peter Jalot, *etat* 27 years, of a sanguineous temperament and strong constitution was carrying a sack of flour, which rested against his head and shoulders; on arriving at the granary he sat down and leaned himself forward to ease himself of his load; in doing this the sack caught his head which was violent y bent on the chest and at the same time heard a crack which was immediately followed by a sharp pain in the region of the neck; he was then brought to the *Hôtel Dieu* under the following circumstances: complete paralysis of the lower, partial paralysis of the upper extremities. The patient could still feebly move his arms when the skin was pinched; and had slight feeling when the integuments of the abdomen and chest were irritated; he said that he felt an itching in his limbs, and a gnawing pain in the shoulders; paralysis of the bladder and rectum; retention of the urine and feces; respiration rather free, but was only performed by the diaphragm, as the parietes of the chest remained motionless. Acute pain in the back of the neck without any apparent deformity; erection of the penis pulse quick and strong, skin hot, intellectual faculties perfect. He was bled from the arm. Leeches were applied round the upper part of the neck, catheter was introduced, and some

tissue given him. December 11th symptoms as yesterday; bleeding from the arm, by leeches and the introduction of the catheter were repeated, two ounces of castor oil were administered. In the night the difficulty of breathing gradually became worse, high fever and delirium supervened. At eight in the morning (Dec. 18th,) the patient died with all the appearances of suffocation.

*Examination of the Body.—Head.—*

Brain and its coverings healthy.—

*Spine.*—Rupture of the ligaments which unite the sixth and seventh cervical vertebrae, the body of the sixth was resting on that of the seventh, but were firmly united to the vertebrae above and below them. The substance of the spinal marrow in this point was violently contused and dis-organized, but its coverings were uninjured, there was a good deal of extravasated blood under the muscles in this part.—

*Thorax.*—Lungs were of a deep brown colour and heavy, on being divided a quantity of dark liquid blood oozed out, there were about four ounces of dark coloured fluid in the chest.—

*Abdomen.*—The internal membrane of the bladder was red without any thickening, and contained some bloody urine. The other viscera were healthy." page 165.

The symptoms attending injuries of the cord vary according to their seat, and the danger is increased as the mischief done approximates the upper part of the neck, or rather death is more speedy, for most of these cases, particularly when the injury is in the upper half, terminate fatally. We have related an instance of instantaneous death being produced by a wound of the spinal cord, between the *Atlas* and *Dentata*, which is the usual result when it is injured in this part. When the mischief is between the second and fifth cervical vertebrae, great

difficulty of speech, deglutition and respiration, and paralysis of the upper extremities are observed, nor are any of these circumstances difficult of explanation, when we for a moment reflect on the origin of the nerves supplying the parts affected. When the injury is below the point from which the nerves going to form the axillary plexus arise, the upper extremities are unimpaired, whilst the lower suffer.—Of respiration we have before spoken, it is generally affected even when the mischief occurs below the origin of the nerves supplying the diaphragm, which M. DUPUYTREN attributes to the inflammation extending from the seat of the injury to them. The bladder is usually paralysed, and the penis erect, which last symptom Mr. O. explains by the concussion that the cerebellum often suffers in these accidents. In some cases the feces pass off involuntarily, whilst in others they do not. By the symptoms present, the particular part injured may in general be known with a tolerable degree of certainty, though some few cases of injury of the cord, not presenting the appearances we have indicated have been re-

corded. The antiphlogistic plan of treatment is for the most part adopted in these injuries, more with a view to afford temporary than permanent relief; the urine requires to be drawn off once or twice a day. Mr. H. CLINE thought that when the spinal marrow was the result of fracture, with depression of the arches of one or more vertebræ, the patient might be relieved on the cause of the compression being removed; with this view he suggested that in those cases where the nature of the accident was evident the portions of depressed bone should be raised. The operation was performed in 1814, by Mr. H. CLINE himself at St. Thomas's Hospital, but without success, and in 1822, by Mr. TYRRELL, with a similar result—it has failed in the only two cases in which it has been tried, but we hope that future attempts will be crowned with better success; two failures certainly are not sufficient to decide against the performance of an operation, at once so rational in its conception—simple in its invention—not difficult of execution—nor painful to the patient. The operation throws a lustre on the memory of its original

proposer, because it gives a patient the chance of relief under circumstances when all other means are found unavailing.

The following account of the case, which fell under Mr. TYRRELL's care, M. OLLIVIER obtained from M. GEORGI, who was present at the operation:—

"On the 17th of October, 1822, a porter, thirty years of age, of a strong constitution, was brought to St. Thomas's Hospital, having received a fall on his back whilst carrying a heavy load. The lower part of the body was paralysed, and a fracture with depression of the tenth dorsal vertebra was discovered; the cause of the paraplegia being evident, M. M. COOREN, TRAVERS, GREEN, and TYRRELL gave it as their opinion, that the depressed portion of bone should be raised. The operation was performed on the same day by Mr. TYRRELL in the presence of Mr. TRAVERS, Mr. GREEN, and a large concourse of students.

"The patient was placed flat on a table covered with pillows, so as to make the back prominent. An incision about four inches in length, was made directly on the spines of the four last dorsal vertebrae. The muscles being dissected from both sides to the same extent, and separated from the arches of the ninth and tenth vertebrae, a circular trephine was applied on that of the last, which was in vain attempted to be raised. A chain-saw was then applied between the spinous processes of the ninth and tenth vertebrae, and that of the latter was sawed off at its base, so that the finger could be introduced between the sides of the vertebrae, which were then removed by HENRY's saw. The arch of the ninth vertebra was ascertained to be depressed like the others, and was immediately sawn off in the same manner as the former. The spinal marrow, enveloped in its coverings, was then exposed to the extent of about three inches. The dilatation and contraction of this organ were so plain that they could be seen at any distance of the theatre: the skin was brought together by three sutures, and the wound covered with simple dressing.

"A few hours after the operation, the patient distinctly felt when he was pinched, which was for the first time since the accident; but the powers of motion never returned—the feeling was only of momentary continuance. A few days afterwards, the feces passed off involuntarily, together with the urine, which was bloody. At last the patient expired, twelve days from the operation, after having showed signs of very acute inflammation of the peritoneum and intestines. On examining the body, the peritoneum was found inflamed, as well as several parts of the mucous membrane of the intestines which were of a deep violet colour; the parietes of the abdomen were thickened. The portion of the dura mater covering of the spinal marrow, which had been laid bare in the operation, was of a blackish colour, similar to that observed in parts threatened with gangrene.

"No other examination of the spinal marrow was made, because it was preserved for the museum. It is to be regretted that this consideration should have prevailed. Mr. BRYANT, from ascertaining what alteration the spinal marrow had undergone; the preparation and the vertebral column may bear testimony, 'it is true, to the performance of a bold operation; but undoubtedly it would have been more for the interests of science, to know how far this operation was able to remedy an injury, the effects of which are nearly always fatal.'—P. 224.

We are extremely sorry that there should have been any ground for the last observation, although we are obliged to concur in its truth. Museums are interesting objects of inspection, and afford a rich feast to the scientific visitor; but they should be enriched only when it can be done without the sacrifice of a greater advantage than the one to be gained. We trust that this gentle rebuke will not be without its good effects.

CH. V.—*Concussion of the Spinal Marrow* is attended with nearly the same symptoms as the two foregoing affections, but its termination is generally more successful. It is produced by falls or jumping, and requires active treatment in order to subdue the inflammation excited in the injured part. The recovery is often very long and tedious.

CH. VI.—*Effusion* into the vertebral canal is often discovered on examination after death; but the symptoms which it presents are not sufficient to enable one to decide with certainty during the life of the patient, that it has taken place. The fluid effused may consist of blood, or of serum either pure, or mixed with blood or pus; and is situated sometimes exterior to the dura mater, at others between it and the arachnoid membrane, or between the tunica arachnoides and pia mater, and lastly in the substance of the marrow itself. Effusion in these situations is often connected with effusion into the brain, or between its membranes. The causes of this affection are rupture of the vessels from external violence, or any other circumstance; and an increased action of the vessels of the part. No

particular plan of treatment has been recommended in this disease, because its presence during life cannot with certainty be ascertained. When the effusion is so considerable as to cause compression, the symptoms will be the same as those we have mentioned above; when it is slight, absorption is very likely to take place. M. OLLIVIER quotes the following interesting case, to shew how the medullary substance may be absorbed in the length of the spinal marrow, and pure serum filling the whole cavity of the *pia-mater* be substituted in its place. The case fell under the care of M. RULLIER, and was published in the middle of last year by M. MAGENDIE, in his *Journal de Physiologie*. It has appeared in some of the journals of this country, but we should be ashamed for such a paltry reason as this, to be guilty of the wilful suppression of useful information from many, who might, by such conduct, be deprived of it altogether.

"M. L. . . . . et. forty-four, of a very nervous temperament and lively imagination, had from his infancy always enjoyed good health (at three years of age there appeared a slight deviation of the spinal column which caused an elevation of the right shoulder) although he had been in the habit of having unlimited intercourse with women till about thirty-four, when

he began to feel a little uneasiness in the movements of his arms, and soon after pain and numbness came on in that part where the deviation of the vertebral column existed. This indisposition at first occurring only after long intervals of ease, suddenly made rapid progress, and the patient lost, as it were at once, the use of his arms; this was on the 21st of January, 1816: he fell down by accident with his face on the ground, and remained in this position without being able to make any use of his arms in attempting to rise, until some one came to his assistance. His hands from this time were stiff, and bent, involuntarily contracted, and were so twisted that the palms of the hands were turned upwards and outwards. The swelling formed by the spine became painful and gradually increased. The shoulders, especially the right, were raised, and the head was sunk between them. The patient could not, in walking, controul the motions of his arms, which obeyed those of the trunk. Blisters, cauteries and moxas applied in the course of the spine, and particularly in the neighbourhood of the swelling afforded no relief; and a similar result attended numerous other means, both external and internal, which were tried for seven successive years.

With the exception of the upper limbs, the others possessed their voluntary motions, and the patient walked about. The arms were completely stiff, and firmly contracted, often painful, and always very uneasy, they were turned towards the sides from which they could not be separated at any great distance without considerable exertion. The fore arms were in a state of forced pronation, and the hands flexed. The fingers were closed, and during sleep the nails would wound the skin, if the patient had not before-hand taken the precaution of putting his hands one in the other, so that the fingers should form a mutual support to each other at the time of their contraction.

The want of power in the arms was complete; nevertheless, by great pain and exertion, and with some assistance, M. L. could, a pen being placed between his fingers, put his signature to a paper by a kind of incommotive power of nearly the whole arm. The *pectoralis major* and *minor* were in a state of perpetual contraction, as well as the muscles, which separate the upper extremities from the trunk. It was difficult to decide to what degree the contracted state of the intercostals contributed to the continual difficulty

of breathing and danger of suffocation which harassed the patient night and day.

The contracted parts preserved their sensibility; the hands ceased to be of use because they were motionless; but like the rest of the body were sensible to all the changes of temperature, and the slightest touch. All quick or long continued friction of the parts affected, produced pain. The moral and intellectual faculties remained entire. The patient had cough with expectoration for a few months before M. Rutlier was called to him; the matter was rosy, white, and in external appearance exactly like cream, but was with difficulty expectorated; he also had hectic fever. He experienced intolerable pain when he lay on the back. Digestion was impaired, accompanied with flatulency and pain in the stomach. Bowels obstinately costive, and the patient could not void his feces, but with repeated efforts and considerable pain. The urine scanty and turbid was passed with ease. Such were the symptoms which this patient presented till his death, which took place on the 31st of October, after a long and painful illness.

#### EXAMINATION OF THE BODY THIRTY HOURS AFTER DEATH.

*External Appearances.*—Complete emaciation; upper extremities firmly and closely approximated to the body, and twisted inwards; legs and feet a little œdematous; slight curve of the spine in the upper half of the dorsal portion, which projected posteriorly, and to the right, and elevated the

... very healthy, and contained a remarkable quantity of serum in the four ventricles, which appeared to find its way when the body was in the erect position, into the vertebral canal. The existence of a *cul-de-sac* formed by the tunica arachnoides, and closing the fourth ventricle, could not be discovered. The arachnoid covering of the ventricles was easily distinguished, and a little thickened.

*Spine.*—The vertebral canal was carefully laid bare to ascertain whether the spinal marrow was compressed: no compression whatever of this organ, simply curved in the dorsal region; great quantity of serum under the arachnoid coat; *pia-mater* covering the cord, strongly injected with blood. The marrow appeared in its natural state from the top to the origin of the fourth pair of cervical nerves. The two lower, third of the dorsal portion, were equally healthy; but



between these two points, that is to the extent of six or seven inches compressed within the lower two-thirds of the cervical, and the upper third, inclusive of the dorsal regions, and corresponding to eight or nine pair of nerves, the most remarkable appearances were observed. The cord was so extremely soft here, that the canal formed by the dura mater appeared filled with a pure liquid, which moved upwards or downwards, according to the direction in which the body was inclined, as far as the points where the cord was healthy. A small puncture made in the dura immediately gave exit to a considerable quantity of liquid. When this membrane was slit up, the spinal marrow, of a reddish-grey colour, and very soft, was seen covered with its proper membrane; and when this was opened in the point where there was a sensible fluctuation, an almost colourless fluid oozed out, together with a few small flakes of medullary matter. A longitudinal incision was then freely made in this part of the spinal marrow, which presented an elongated cavity filled with a kind of reddish-grey fluid, containing within it many small vessels, surrounded by the minute cellular tissue of the cord. On the left side, for about an inch and a half, some lenticular portions of medullary matter were the only traces evident of the existence of the cord; and these were placed one after another in the line of its usual direction. This alteration was much less apparent on examining the anterior part of the cord. The medullary filaments, corresponding to the roots of the anterior spinal nerves, were apparent and continuous, extending to the left, which was altered as we have mentioned. An important circumstance is that the anterior roots had lost the medullary matter, and were similar in appearance to the optic nerve in a state of atrophy. The posterior roots had on the contrary preserved their medullary matter to their junction with the medulla of the cord. Every where else in the part of the cord which had undergone alterations the anterior and posterior roots alike preserved the medullary substance. The structure of all that part situated above the fourth cervical pair was healthy, there the medullary substance possessed its whiteness and usual consistence, but below this point they suddenly vanished, and the marrow appeared converted into cellular tissue, inflated with a serum of a pale rose colour; as

far as the sixth cervical pair, where there was a large cavity, the parietes of which were merely formed by the membrane containing the cord and its vessels. This disorganization continued till the fourth pair of dorsal nerves, where it terminated in the form of a cone in the medullary substance, which reappeared with all its natural properties. The eight inferior inches of this organ had undergone no change. Several nerves of the axillary plexus were dissected, but neither they, nor their ganglia, had undergone any change.

*Thorax.*—The lungs were adhering posteriorly to the pleura costalis. The upper left lobe contained a few tubercles scattered here and there, posteriorly it was gorged with blood; the right lung presented the same changes, and had the appearance of being hepatized, as is found after chronic pneumonia, and presented several bands of tubercles in a state of suppuration of which some of the cysts were ossified.

*Abdomen.*—Stomach rather large but healthy. Some portions of the small intestines of a deep red colour; a few black spots situated on their outer surface corresponding to small ulcerations of the mucous membrane. The other organs were healthy.

The interesting details contained in this case compensate for its length; they are highly instructive and merit close attention. M. O. has met in some eight or ten cases, with a gaseous fluid, colourless and inodorous under the membranes of the cord; whether it was the result of a change that took place before or after death he is not able to decide.

CH. VII. and VIII.—*Inflammation of the cord and its coverings.*—The last of these two affections is generally accompanied with a similar state of the membranes of the brain. The

symptoms which attend it are few, and uniform in their character; the patient always complains of acute pain down the back, which in some cases is constant, in others comes on at intervals, and there is a contraction of the muscles in the neighbourhood of the affected part, which now and then exists to such a degree that the head and trunk are drawn backwards with it; convulsions, paralysis, and difficulty of respiration are also occasionally present; but the two first symptoms are those characteristic of the disease. The antiphlogistic treatment must be adopted, and regulated according to the severity of the complaint, which, however, is frequently fatal. The appearances observed in the part after death are a loaded state of the vessels of the pia mater and dura mater, sanguineous serous, or sero-purulent effusions, and flakes of lymph adhering to the arachnoid membrane. We repeat that the coverings of the brain generally participate in the disease.

Inflammation of the cord itself is attended with most of the symptoms of inflammation of its coverings, and these vary according to the seat and severity of

the complaint. Besides the pain in the particular part inflamed, if the disease be acute there will be the same effects present, perhaps to a slighter degree, as we mentioned in injuries and compression of the cord. The same treatment in this complaint, as in the former, must be pursued, and the patient be kept in a state of absolute rest; all motion increases his sufferings. The morbid changes, produced by this disease, are an injection of the cord with red vessels, induration, softening, and absorption of the organ.

The two concluding chapters treat of the morbid tissues developed in the cord and its membranes, and the diseases which according to some authors depend on an alteration of these parts. We have dwelt so long on the other chapters that we must pass these over for the present in silence. We have presented our readers with what we conceive, to be the most instructive part of the work, and hope that it may be the means of directing the attention of those, who have the opportunity, to a class of affections, many of which have as yet been little benefitted by the remedies recommended for their relief. M.

OLLIVIER has given us sixty-five cases, or rather more, illustrative of the different affections of the spinal marrow; most of them had been published before, but being now collected into one point may be referred to, without the trouble of turning over the leaves of some two or three score books. The defect of the present work is, that too much has been attempted, too many subjects considered, for each to secure the attention it deserves. In giving this opinion, far be it from our wish to underrate the merits of this production; the cases are valuable—the list of authorities referred to is useful—the division and subdivision of the work are good, and the whole displays considerable zeal and industry; but we think that M. OLLIVIER's exertions would have been better directed, if instead of cursorily examining all the diseases of the spinal marrow, he had bestowed his time and talents on the consideration of a part. M. OLLIVIER has, however, begun his professional career in a most praiseworthy manner, and we will only say to him, *maie tuâ virtutē.*

## LEPROSY.

The following description of the species of leprosy commonly met with in India, is from the interesting work entitled—*Sketches in India*, written by Mr. HUGGINS, late an indigo planter in the district of Tirrhoot:—

"A person attacked with the species of leprosy prevalent in India is bloated in his face; his forehead, nose, lips, and ears swell out; his nostrils expand; his eyes appear sunk and very fiery; the tone of his voice is altered to a loud and somewhat nasal sound; no eruptions appear upon his body, but his skin is hard, parboiled, and dry, having entirely lost its softness and moisture. About the shoulders he appears tight and contracted; his knees are stiff and motions constrained; the hairs fall off him, or are seen in their stunted stalks, dried up from want of wholesome nourishment; his breath is fetid, his perspiration stopped, or if it flows at all is rank and stinking; he complains of excessive internal heat, cannot bear exposure to the sun, and is irregular in his discharges, the digestive organs performing their functions very imperfectly; there is a certain numbness seizes all his faculties, so that his sensations of pleasure and pain are considerably impaired; and lepers of this kind have no excessive propensity to venery after the disease appears, although they may have had it before. It is a common opinion that people seized with this malady are of a yagun and amorous temperament; but when a person is seized with leprosy, the pleasure derived from such indulgencies, and the capacity for them are in a great measure annulled. After these primary symptoms, when the disease has become inveterate, the leper's fingers are gradually eaten away, and drop off at the joints; his toes are affected in a similar manner, sores break out about his neck, and wrists. During the progress of these cancerous attacks no pain is endured by the leper, owing to that numbness which I have already stated as pervading his system whilst the disease gradually proceeds ulcerating his flesh, and dissolving his

joints, till the vitals become affected. In the last stage his flesh gapes with long sores, his mouth, nose, and brain dissolve before the leprous poison, till death happily relieves him from such accumulated miseries. Some fakirs profess to cure this disease, if applied to at an early stage of it; and I have myself known men healed by them. To effect a cure these men administer a root procured from Nepal, which causes copious salivation; they also put the patient on a regimen, forbid him the use of salt and sexual cohabitation, and the lepers who recover generally abstain from these during the remainder of their lives."

### CHEMISTRY.

Having concluded our observations on the expansion of bodies by heat in our last number, we shall, in our present, examine another phenomenon, connected with this subject, equally valuable and important in chemical operations.

It is observed, as a general fact, that, whenever bodies change their state, or form, that a change of temperature always takes place. For instance, if a body, which exists in the state of a liquid becomes changed by certain circumstances to a solid, or if, on the other hand, a body which exists in the solid state, becomes changed to a liquid, the balance of heat in both cases is found to be disturbed.—In the first case it is given out from the liquid and becomes sensible to our perceptions, in the latter case it is united with, or absorbed by the solid body, as it passes into the state of a liquid, becomes latent or insensible, and produces the effect called "cold." Hence the following law which is acknowledged by chemists of the present day:—*all bodies passing from a rarer to a denser state give out heat, or caloric;*

*and all bodies passing from a denser to a rarer state absorb caloric.*

The following experiments illustrate this law of matter, and shews that heat is liberated whenever a body becomes condensed, or passes into a more solid form; notwithstanding the substances which occasion the condensation, are perfectly cold at the time they are employed;

—Mix together sul. acid and olive oil; the oil will be condensed, and great heat produced in consequence. The same effect is produced by mixing oil of vitriol and water together; in this case also a condensation happens: the sum of the two is found to be less after mixture than before. Nitric acid and oil of turpentine on mixture, will evolve sufficient heat to inflame the turpentine.

—The slaking of lime is a familiar instance of the change of temperature produced by a change of form. In this case the water, which is in a liquid state when first added to the lime, soon passes to a state of solid, and produces the heat which results from the mixture as an effect of condensation. Water with quick-lime forms an hydrate of lime, in which state of combination it is solid. Take a small piece of quick-lime, on which lies a small bit of phosphorus, sprinkle the phosphorus with a few drops of water, it will be inflamed by the heat from the slaking of the lime. The slaking of the lime will produce sufficient heat to inflame gunpowder, and perhaps even the most inflammable substances, under some circumstances; we know it will inflame red phosphorus.

It is therefore necessary to be cautious, that no inflammable bodies be placed near quicklime when kept in the Laboratory; or even in buildings under common circumstances, as water may accidentally come in contact with it and occasion much mischief. As water produces the heat from changing its form when united with lime, it is obvious that wet inflammable bodies are as likely to inflame as dry ones, and we have no doubt, judging from several cases that have fallen under our observation, that fires have happened from this cause. When dry plaister of Paris (Gypsum) is mixed with water, the whole soon becomes solid, and considerable heat is evolved. Take the salt called nitrate of copper, wet it and fold it up in a sheet of tin foil, pressing the whole well together; the water, in virtue of chemical affinity, will pass from the state of a liquid to a solid, and sufficient heat will be produced to ignite the tin foil, and presently occasion it to burst into flame. Liquid solution of salts, when suddenly crystalized, produce a good deal of heat. When gaseous bodies change their form, and pass to that of a liquid, or solid the same effects are observed. It is from this cause that the heat which is produced by our common fires is generated. In the progress of combustion a part of the air of the atmosphere is converted into a solid, by combining with the burning body, and therefore heat is constantly given out as the process goes on, agreeable to the above law. We shall have occasion to notice the theory of combus-

tion at some length hereafter. It is found by experiment, that if a change of form is effected in bodies by *mechanical* causes, that the same results obtain, as if that change was brought about by *chemical* affinities. Hammering a piece of iron, for instance, will increase its temperature in consequence of the operation forcing its particles closer together, and therefore contracting its dimensions. Iron may be made red hot by hammering, a fact generally well known. Friction, which is a succession of percussion, produces heat, it is presumed in the same way. The air of our atmosphere, if strongly compressed in a condensing syringe, will give out sufficient heat to set amadou (an inflammable fungus) on fire. A condensation of a portion of the air in the lungs, is said to produce animal heat; the truth of this we shall examine hereafter.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

Two operations were performed here on Tuesday last, by Mr. KEY: one for single hare-lip, and the other was for the removal of a fungus from the right testicle of F. T. æt. 34. This man was admitted into the hospital on the 15th of Oct. last, having an exceedingly obstinate stricture of the urethra, situated immediately under the symphysis pubis; at the same time his testicles were very much swollen, and very painful. He was in the hospital several weeks before a bougie could be passed through the stricture; this, however, was at length accomplished by Mr. KEY, but not

until after many unsuccessful attempts; indeed, this is not surprising as the stricture was particularly severe.—The urethra had a knotty feel for nearly the space of an inch, shewing that the inflammation which produced it was of no ordinary extent. During the introduction of the bougie, the patient took four times a day, five grains of the soda exsiccated in mint water.—This medicine had an astonishing effect in diminishing the pain and irritability of the urethra; and after having taken it, there was likewise invariably experienced less pain in making water: by continuing the use of the bougie and this medicine, the stricture was cured some weeks since. We have before stated that when this man was admitted he had, in addition to his stricture a swelling of both testicles; and in front of the body of the right, there could be felt a trifling fluctuation; this was afterwards found to have been pus, as it made its escape in consequence of the abscess breaking through the skin of the scrotum.—Out of the opening made by this abscess, there soon sprouted a fungus, dissimilar to fungus hæmatodes, not being of a malignant character, entirely of a local nature, and in nineteen cases out of twenty, the result stricture. For a short time after its first appearance it was attempted to be cured by pressure, but this plan of treatment occasioned so much irritation that it was quickly relinquished. The solution of arsenic was then applied to the fungus by means of a camel-hair brush; considerable sloughing followed the use

of this remedy, and the excrecence rapidly decreased; subsequently, however, it seemed that the arsenic had become absorbed—as the patient had pains in his limbs, tremulous motions of the muscles, together with great uneasiness of the chest, some difficulty of breathing, and severe pains in the head: under these circumstances, the arsenic was very prudently discontinued.

The fungus now rapidly returned to its former size, and at the recommendation of Mr. TRAVERS' pressure (by means of a pad of lint and straps of adhesive plaster) was again tried. It succeeded remarkably well for about three weeks, and brought down the fungus to a level with the skin of the scrotum, but beyond this barrier the enemy could not be driven, and therefore this mode of attack was once more abandoned; there was no alternative but the extirpation of the tumour by means of the operating knife. Having made a semi-circular incision on each side of the tumour, and causing the two to meet above and below, the knife was carried down to the base of the fungus, which was situated on the tunica albuginea; from this situation it was carefully dissected; the integuments were then united by two ligatures, and the wound covered by straps of adhesive plaster. Three small arteries were secured.

April 29.—Has been particularly comfortable ever since the operation; has had very little inflammation of the scrotum; and, altogether, the present

may be reported as doing extremely well.

The accidents admitted into this hospital in the course of the past week are:

April 21st.—H— B—  
injury to the spine.

A. H. fractured radius.

R— H—, *ætat* 60, tetanus, from a splinter of wood having lodged in the muscles between the metacarpal bones of the thumb and index finger.

J. G. fractured leg.

C— P— compound fracture of the right leg, and simple ditto of the left.

April 22.—J. C. fractured ribs.

J. H. contusion of leg.

23.—H. D. taken laudanum.

24th.—J. F. dislocated shoulder.

H. H. laceration of hand from a mill.

S. S. fractured thigh.

25th.—J. H. fractured tibia and fibula.

B. C. tetanus from a slight laceration of the ring finger of the right hand.

26.—C— R—Fractured fibula.

27.—M— R—Injury to knee from a fall.

G— T—, Fractured fibula.

G— V—, Fractured ribs.

E— H—, Fractured arm.

The only cases of particular interest are the two cases of tetanus, and that of C— P—, with compound fracture of one leg, and a simple fracture of the other. These cases shall be referred to in our next.

## ST. THOMAS'S HOSPITAL.

April 21.

*Continuation of Eliz. Raisen, from page 119, vol. 3.*

April 22.—In our last we stat-

ed her bowels had not been opened but that she had taken some castor oil—this procured her two or three motions during the day; we also stated there was a slight oozing of matter from the lower part of the leg, shewing the commencement of suppuration; this has continued to increase, and in the afternoon a few small vesicles appeared on the fore part of the foot, in consequence of which the dressing was slightly loosened in order to favour the return of blood; the tongue was dry, and brown; the pulse, small and quick, about 100; a saline draught with a small quantity of Tr. Op: was ordered every four hours.

23rd.—Slept a little last night, but altogether had a restless night; the tongue continues dry and brown, the pulse small and quick; has had two motions; the strapping with dressings were removed, and in consequence of the increased state of the suppurative process and the sloughy appearance of the wound, a piece of lint dipt in nitric acid lotion, was applied, and a poultice laid over it. She was ordered a small quantity of wine, and as generous a diet as she could take.

Wednesday, April 23th.—The above symptoms have continued to increase, and she has become gradually weaker. This day her tongue is very dry, brown, and cracked, her pulse is 90, and small; her bowels have not been open since Monday.

JAMES WOOD, *ætat* 64, a gardener, of regular habits, was attacked about three months since with sudden stoppage of his water, the urine appeared of a

yellow colour: with pains in the fore part of the abdomen, and at the end of the penis.—These symptoms continued to increase, and he was admitted into the hospital on the 8th of April. On the day after his admission, four small calculi were extracted from the urethra, and on further examination a calculus was distinctly felt in the bladder. On the 23d he was submitted to the operation of lithotomy, which was performed by Mr. TYRRELL, with the common staff and knife.—In consequence of the extreme softness of the calculus, and the enlargement of the third lobe of the prostate gland, which at first offered some obstruction, to the operation it was extracted by piece-meal.

Wednesday, April 28.—Since the operation, he has taken  $\frac{3}{4}$  iv. of wine a day, and a saline mixture, and has been doing well 'till last night, when he had a slight hemorrhage from the wound, which was suppressed by a piece of lint; it again returned this afternoon, and was checked as before. He has been ordered  $\frac{3}{4}$  viii. of wine daily.

29th.—Last night was a better night; has had no more bleeding, and is altogether improved this morning.

RICHARD STEVENS *et. four years*, was admitted into this hospital on the 16th April.—Had great pain after making water, and in fact all the symptoms of stone, which he has had more than a year. On sounding him a calculus was readily felt; and on the 23rd of April the operation of lithotomy was per-

formed by Mr. TYRRELL. The instruments used were the common staff, and beaked knife (as in the other case).

Since the operation, the boy has not had a single unfavourable symptom.—This stone was extracted in a little more than a minute.

THOMAS CHIPP, *etat. 16*, was admitted into this hospital with a fracture of the external condyle of the humerus, with considerable contusion of the soft parts. He has had an evaporating lotion applied, and the inflammation has much subsided.

EDWARD PICKERING, the man with the injury of the elbow joint, is much better; the inflammation has nearly disappeared.

JACOB MILLS, *etat. 70*, was admitted into the hospital with a fracture of the os femoris, through the trochanter major. He has AMYSBURY'S splints applied; and seems to be doing well.

#### ST. BARTHOLOMEW'S HOSPITAL.

Robert Smith, a labourer, was admitted Wednesday April 28th with a compound fracture of the left os humeri; it was at the inferior extremity of the bone; the fracture was an oblique one, and caused a separation of the external condyle. A fall from a scaffold was the cause of the injury. The arm was placed in a semi flex position with the hand prone. Splints were applied by Mr. BOLTON the house surgeon, this gentleman likewise ordered the



patient a dose of house medicine.

26th.—Has had three motions; tongue dry and brown; pulse 94, small and weak; thirsty.

No other accidents of importance have been admitted here this week, nor have any operations been performed.

### MIDDLESEX HOSPITAL.

Continuation of the case of JOHN ANGEL.—Page 120.

April 22.—No material alteration has occurred in this boy's case. His pulse is 70, quick and weak. His bowels are regular, and his appetite is extremely pressing. Tongue clean and skin of the natural temperature, which is equally diffused over both sides. Has no pain in the head. The motive powers of the left side are, however, still suspended.

23.—In every respect the same as yesterday. Calomel and antimony as before.

24.—To-day he has, in some degree, recovered the use of the affected leg; and partially also that of his arm. Pulse 70—bowels regular; appetite good.

26.—He can now move both the arm and leg with tolerable facility. His bowels are regular and his appetite extremely good. Has no pain in the head, and the disposition to sleep has materially diminished. The affection of the left corner of the mouth and eye has at the same time disappeared. His pulse is rather fuller than yesterday, and his appearance altogether is very promising. His spirits are good, and his ideas, though necessarily childish and puerile, can-

hardly be accounted extravagant, or unbecoming his tender years.

27.—He has now, in a great measure, regained the use of his side, and can walk about the ward with but little assistance. —Calomel and antimony continued.

### Continuation of the case of HENRY COLLINS.\*

April 22.—To-day he is perfectly sensible; pulse weak, 85; bowels open twice since yesterday; skin rather hot and dry; complains of pain at the vertex of the head; tongue clean. Saline draughts, and calomel and antimony as before.

24.—Bowels regular; appetite good; tongue covered with a whitish fur; skin rather hot; no pain in the head; pulse 120, and very weak.

25.—No particular alteration; the same medicines continued.

26.—Bowels regular; appetite extremely good; skin rather hot, which may be accounted for in part, by his sitting a long time before the fire. Says he has no pain in the head; pulse about 100, weak and inelastic.

27.—Does not appear to suffer much from the accident at present: his appetite is very good, and his bowels are open twice in the twenty-four hours; his pulse, however, is still quick and weak, and his skin rather above the natural temperature; tongue clean.

Saline draughts, &c. as before.

On the 21st another boy was admitted, suffering under com-

\* The name and age of the patient were inadvertently omitted in our last number page 120.

cussion produced by a fall from a horse. His symptoms were very analagous to those we have given already in the history of the preceding case, from which the only difference in the present instance was the existence of two slight wounds of the scalp. The treatment has consisted of venesection, the application of cold epithems to the scalp, the exhibition on his first admission of house medicine to evacuate the bowels, and the subsequent employment of saline draughts, with calome! and antimony, as in the case we have just described. He is doing well.

27.—A very serious case of injury to the cranium, with fracture and depression of the frontal bone was yesterday admitted, the particulars of which we will give in our next number.

#### WESTMINSTER HOSPITAL *April, 1824.*

Saturday 25. This day a soft fungus excrescence, situated near the outer angle of the eye, but not including it, and about four inches in diameter, was removed by Mr. LYNN, from the temple of JOHN DONAHOUGH, aged 65.

The patient stated that this excrescence had originated from a wart about two years ago, that within the last twelve months it had rapidly increased, and often bled profusely; it had none of that gristly or cartilaginous substance so frequently observed in schirrous productions. The margin of the fungus was reflected backwards, and concealed its neck in all its circumference, and leaving skin lying

beneath it entirely free from excoriation: hence it may be inferred that the secretions from the surface were not acrimonious, and another proof of the absence of vicious humour, was the total freedom of the adjacent glands from enlargement or pain. It was deemed expedient to extirpate this fungous tumour under the hope that the removal of its root might prevent its reproduction, or, if that should fail, that so much of the diseased structure might be prevented from any longer incommoding the patient by its existence.

Mr. LYNN made a circular incision round the base of the tumour, at the first stroke of which, the superior superficial branch of the temporal artery was wounded, and a considerable gush of blood immediately followed; an assistant however restrained this in some measure, and the operation proceeded without difficulty.

In the dissection of the tumour, and its capsule, several other branches of the temporal artery were also cut through, some of them rather large ones, and three or four of these, as well as the one mentioned above, were secured by ligatures. The surface of the wound after the operation, although the incision was made close round the neck of the tumour, was about as large as the diameter of the largest part of the tumour itself, owing to the retraction of the integument when cut through.

The operation, which was borne heroically, lasted, from its commencement to the period of its completion, about five

minutes; and 28 ounces or 2 lbs. of blood were lost while it was performing.

26. The patient rested well during the night, and, owing perhaps to the rather large quantity of blood lost in the operation, was entirely free from fever, and with little or no pain in the wound.

27. The upper eye-lid swelled a good deal, from the irritation it experienced in the operation, but in other respects the patient is same as yesterday.

29. — The patient does not complain of any pain in the part, and is in bodily health the same as on the 27th.

PATRICK CHENEY on whom Mr. WHITE performed the operation for fistula in ano last Saturday week, is now rapidly recovering, the wound being nearly healed, and the patient's general health good. The disease had existed about six

months before the cure of it was attempted.

29. — SARAH PATERSON who was admitted to this hospital with a compound fracture of the tibia and fibula, a little distance above the ankle, is now in a state of convalescence; the wound near the eye, received at the time of the accident, is also nearly healed; she has slept well for the last week, and the fever usually attending severe cases of this kind has totally subsided.

### LONDON HOSPITAL.

The only case of interest at this hospital, for a long time past, has been that of Sir WM. BLIZARD; the congenital irritability of this patient has, of late, materially diminished. — This happy and beneficial effect is attributed to the judicious application of *The Lancet*.

### ANATOMICAL AND SURGICAL THEATRE.

(In the West End of London.)

Under the direction of W. W. SLEIGH, M.D., F.R.C. &c.

The introductory lectures to the Summer Course, will commence on Monday, the 10th inst. at two o'clock; during the first week they will be the lecture price.

N.B. Perpetual pupils at any of the classes in Town, will be charged only half price.

23 Chapel-street, Grosvenor-square.

### LIZARD'S ANATOMICAL PLATES.

SIR ASTLEY COOPER, as a mark of his approbation of this work, having kindly presented the Author with an admirable Dissection of THE ANATOMY OF HERNIA made by himself, the publishers take the earliest opportunity of informing the Subscribers, that two plates from Drawings made from this masterly Dissection will be given along with No. 5, which will be published in May.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital,  
Monday Evening,*

*April 12.\* 1824.*

### LECTURE 53.

#### *On Poisons.*

Poisons are those substances which, in small quantities, produce deleterious effects on the human body. Though this is considered the best definition of poisons, yet there is no substance considered as poisonous, which in very small doses is not capable of producing a beneficial effect. Several of the poisons, indeed, in minute and well regulated doses, produce the best possible effects; arsenic is an example of this.

Poisons are derived from four sources, viz: there are those from the *animal* and *vegetable kingdom*—there are the *mineral* and *chemical* poisons---and the last is furnished by man himself, called *morbid poisons*.

You will find such a difference with regard to the effects of morbid poisons, when compared with the other three, that you will speedily relinquish any opinion you might have formed respecting a supposed reciprocity of action between them.

In tracing the operations of poisons, we find some of them affect the vascular system, others

the nervous, while many poisons affect both nervous and vascular systems at the same time. In looking at poisons from many animals, for example, we find the first action in the arterial system, while the influence of others evidently begins in the nerves. The poison communicated by the viper and rattle snake attacks the arterial system first; that from the bite of a rabid animal influences the nervous system first; but ultimately in these cases both become affected; thus then some poisons affect the nervous system others the arterial, and others both.

With regard to the vegetable poisons; all of these act on the nervous system; persons who have been destroyed by these poisons, have been said, upon examination, after death, to have had inflammation of the inner coat of the stomach, because in some instances the vessels have been found larger and more filled with blood than in others. This appearance however is common in cases of sudden death where there has been congestion of the vessels of the stomach. The appearance is not the effect of inflammation, it has nothing of the character of inflamed mucous membrane and is entirely destitute of that vivid redness which ever accompanies the latter; No; the influence of vegetable poisons is directly on

\* is the date of the last Lecture  
for Volume 8th.

the nerves and in the next lecture I will shew you a curious experiment with one of these poisons, when, you will have an opportunity of seeing an animal taking food almost at the very moment of its death; the dissolution of the animal will occur in a very few minutes after the introduction of the poison under the skin; so that the shortness of the time in which the effect is produced will shew the impossibility of its having been the result of inflammation. Thus gentlemen, will vegetable poisons destroy life by direct influence on the nervous system without giving rise to the slightest inflammation. Mineral poisons destroy, some by arterial, and some by nervous influence; but those which are most commonly taken are arsenic, muriate of barytes, and oxamuriate of mercury, and each of these produces violent inflammation. With regard to arsenic it has a direct influence on the nerves as well, and all of you must have seen it produce the most powerful convulsions immediately after it has been taken. In those who have been destroyed by lead, no appearance of inflammation has been found in any part of the body, no such mark either in the stomach or any portion of the intestinal canal; the inner coat of the stomach in many of these cases appearing less vascular than usual, which evidently proves that death is not produced by inflammation in this part, but that it is the result of a direct influence of the poison upon the nerves.

The action of morbid poisons is various, some being on the arteries, some on the nerves; in typhus fever, more commonly called gaol fever, which arises from the number of persons crowded together rendering the air impure and unfit to sustain the vigorous actions of life; the first effects manifest themselves in the nervous system, producing great depression on the mental and bodily powers and through which influence the persons are destroyed. It renders the patients at an early period of the complaint incapable of being roused, so great is the depressing influence on the nerves.

Many of the morbid poisons act directly on the arterial system; as for example, small pox; here inflammation is first produced, which is succeeded by fever, the suppurative process, considerable local irritation, and the secreted matter capable of propagating the disease; other morbid poisons as measles for example, first affect particular parts and afterwards the entire system; in measles we first see the conjunctiva inflamed, then the mucous membrane of the nose becomes affected, producing an increased secretion of that part, then the trachea and bronchia become similarly influenced, and at length the lungs give rise to a troublesome cough, and about that time the fever occasioned by the disease becomes general throughout the system. The affection of measles is so easily communicated, and the infectious matter so subtle, that it readily passes in the air, and is of so infectious a

nature, that it generally runs through entire towns and villages where any portion of the children become affected by it, and the air is likewise capable of communicating the disease to the inhabitants of distant parts. But the most infectious of all the diseases with which I am acquainted, is that called mumps. If this disease makes its appearance in a school, more than half the children will become affected by it. I was some years ago attending a patient at Hackney with Mr. TOULMIN, at a school where there were more than sixty scholars, some of whom at the time were afflicted with the mumps; at a subsequent period, I inquired of Mr. TOULMIN how many of the scholars had been attacked by it, and he informed me thirty-six or thirty-seven, and that it had afflicted considerably more than half.

Poisons diminish in effect by repetition; therefore opium, if given for any considerable time, will lose its influence, if the quantity be not increased; now morbid poisons by repetition likewise lose their influence; it very rarely happens that any gentleman passes through his apprenticeship at the hospital, without being affected with the hospital fever, and it not unfrequently happens that the first attack is fatal, and more particularly so to young men who are fresh from the country, and who have been accustomed to a fine wholesome air; it generally commences by head-ache, and which is succeeded by fits of shivering. If the fever should attack the individual a second time, which

it seldom does, it will be slight, and its effects insignificant, compared to those in the first instance. The same thing happens in scarletina, the fever being much less the second time than the first; the inflammatory symptoms therefore are mitigated, and much less severe. In vegetable poisons, the effects upon the body are generally proportioned to the quantity of poison taken; not so, however, with morbid poisons, for no particular influence is manifested, whether the quantity inserted be large or small, whether the point of the knife be loaded with the poison, or whether it be slightly touched with it; its effects depend upon the state of the constitution at the time the poison is introduced; its action is modified by the peculiar condition of the patient and not upon the quantity of the poison. In opposition to this result, Dr. FORDYCE believed that if the poison were diluted, that its influence would be much less severe; accordingly he tried some experiments, attempting to prove this, and exceedingly diluted the poison with water; the effects, however, were precisely similar to those excited by the poison in its concentrated state; he, therefore, relinquished the opinion as untenable. This, then, is a remarkable difference between vegetable and morbid poisons; the first produces effects in proportion to the quantity taken, whereas in the latter the quantity of poison makes no difference in its particular specific action, but this is regulated by the peculiar condition of the patient. Whether mor-

bid poisons be taken from the dead or the living, their influence appears to be the same; a medical man whom you all respect very much, inoculated his child for small-pox with matter taken from a subject in the dissecting-room; this was exceedingly wrong, such matter ought not to be made use of, and I merely mention this fact to you for the purpose of showing that the virus, under these circumstances, will produce the disease, and even in its mildest form, for the child of this gentleman did extremely well, and had the disease favourably.

Now, as to the time when the influence of vegetable and animal poisons begins to show itself, there is likewise a very great difference; the most powerful of the vegetable appearing in many instances almost immediately (however, in this respect, there is some variety;) whereas, the symptoms arising from morbid poisons are often protracted to very distant periods. In natural small-pox the disease generally appears fourteen days after the infection has been received; in inoculated small-pox about the tenth day; the cow-pox the ninth or tenth; in scarlatina the seventh day; but I have known it show itself on the third day. I knew a lady whose family was exposed to the infection of scarlatina; the disease appeared in one of her children at the end of three days, in another on the fourth; in another on the fifth; and in herself at the end of three weeks, or a month. I knew another child in whom the disease did not appear until the expiration of seventeen days.

The measles usually appear from seven to fourteen days after infection, but generally about the eighth day. It is quite right that you should be acquainted with these particulars, for parents will think little of you if you are incapable of answering such questions: well then, natural small-pox about the fourteenth day; measles from the seventh to the fourteenth; and scarlatina about the end of a week.

If children have imbibed the infection, it is wrong to prepare them for the consequences; for where children are so treated they are invariably worse. With respect to scarlatina, the fever the danger is which attends the disease, the greater I consider the danger to be from the local consequences after the specific malady has terminated.

I will now say something of individual poisons; first I must observe that there is a remarkable difference as to the time when the effects of morbid poisons begin to be manifested; in some instances twelve months have been known to elapse after the insertion of the poison before the symptoms appeared. Dr. BABINGTON published a case in the Medical Researches, where he stated that the symptoms were not apparent until the three hundred and sixty-fourth day after the insertion of the poison. Even the effects of marsh miasmata do not in some instances show themselves for some months after the infection has been received. A lady went into the country in August, bringing with her two children and two servants. The part of the country in which they resided

during their absence was damp and boggy; she returned again the following October; at Christmas the youngest child was attacked with an intermittent fever, and a few days afterwards the same disease appeared in the person of the eldest daughter; in succession the two servants, likewise had it. Well then, here was an example in which the seed of an intermittent had been sown more than two months before the symptoms were apparent.

Those persons who have had ague, and who are subsequently assailed by fevers, or even the slight fever attending a cold will have it assume a typhoid character; what I mean is, that fevers in those individuals who have had ague will generally be of a typhoid nature.

Well then, I will now speak more particularly of

*Animal Poisons—the Wasp and the Hornet.*

The sting of the wasp and the hornet gives rise, in many cases, to very great pain and severe inflammation. The best application to mitigate the effects of those stings, is composed of one drachm of opium rubbed down in an ounce of oil; put some of this on lint, and lay it over the wound, occasionally changing it; at the same time you should keep the bowels open by aperient medicines.—The poison communicated by

*The Bite of the Viper,*

not unfrequently proves destructive to life; it has both a nervous and arterial influence. A gentleman who was once in

company with me on a shooting excursion, upon seeing a viper on the side of a bank, struck it with the butt end of his gun, and supposing that he had killed it, put his hand towards it for the purpose of taking it up; the reptile, however, was not dead but had merely formed itself into a coil, and sprang upon the gentleman's finger; he instantly sucked the wound, and shortly afterwards his tongue became paralyzed, and for a time entirely lost the faculty of speech; this clearly shews that the poison of the viper has a direct influence upon the nerves; and that it affects the vascular system is also equally evident, for in the case of this gentleman the inflammation of the finger was very great, and extended up the arm even to the shoulder; by taking aperient medicines and the application of poultices, this gentleman ultimately recovered.

There was a man sometime since admitted into this hospital in consequence of the bite of a viper; the power of speech in this patient had but imperfectly returned after a lapse of six months from the infliction of the injury. When I was formerly trying some experiments in comparative anatomy, I was anxious to see what effects were produced upon living structure by the poison of vipers and with a view of ascertaining, I confined a rabbit and viper together and by irritating the viper induced it to bite the ear of the rabbit; the wounded car soon began to droop; it did also the other ear shortly afterwards; the animal was soon seized with



convulsive motions which were quickly followed by death; upon dissection the part which had been bitten was quite black, and the cellular tissue on that side of the animal where the wound had been given, after the skin had been stripped off, appeared to have been discoloured by extravasated blood. A rattlesnake that was confined in a cage some time since bit a man in the finger; he was attended by Sir Everard Home; the inflammation rapidly extended up the arm and to several parts of the body; abscesses were produced, and after languishing several days in great suffering the patient died.

#### *Treatment of the Bite of Vipers.*

I tell you what I once did for myself when I met with an accident of this kind, when trying the experiments to which I have just now alluded among others. I was in the habit of freezing reptiles—you all know that a frog may be frozen so completely that by slightly pulling the legs, the joints will crackle and break, yet by the application of gentle and well regulated heat the muscles of the animal upon the melting of the blood will begin to tremble, soon regain their natural functions, and a few minutes after having been apparently dead and converted into a solid piece of ice, it will be seen hopping about the room.

Vipers also may be frozen, and will regain their actions in a similar manner. On one occasion, after having taken a frozen viper out of the freezing mixture, and not suspecting that it had so quickly regained its native state, I was bitten by it

on the back of the hand; this happened one evening at lecture, and the late Mr. Fox, the dentist, who was present, and at that period a pupil of mine, at my desire immediately excised the wound by means of a lancet, and I applied a bandage tightly round the wrist for the purpose of preventing absorption in case any of the poison had remained. This treatment completely succeeded, and not a single bad symptom followed the injury. This is the plan then, that I always advise you to pursue in cases of this kind—cut out the part which has been stung, and apply a ligature above the wound, if the situation will admit of it with a view of preventing absorption. With respect to the poison of rabid animals producing the disease called

#### *Hydrophobia,*

And which disease is so different in its character, so opposed to those arising from any of the other poisons, so marked in its nature, so horrid in its effects, that upon seeing it you could not hesitate to form a correct opinion as to the nature of the malady. The first symptom a person experiences who has been bitten by a rabid animal is pain in the injured part, and this is usually felt from the third to the fifth week, the next symptom is a sense of chilliness succeeded by rigor and heat, then a difficulty of swallowing is felt, not of liquid in particular, but of any substance; this arises from the constitution of the muscles of the pharynx, and so violent are the spasms of the throat, that upon

producing the patient any thing to swallow, you would think they would directly occasion suffocation; he will desist from the attempt, and tell you he will try again by and bye; upon again applying the cup to his lips he will be seized with the most horrid shuddering, turn away to avoid the sight of what he was about to take, and sit down in a state of exhaustion. It has been said, that persons having this disease bark like a dog; this is not true, as the noise is occasioned by violent inspirations, whereas the barking of a dog is the effect of expiration.

In Hydrophobia there is generally extraordinary irritability. I have seen two or three examples where the slightest touch of the bed-clothes would produce a sudden impetuous passion: and in two children whom I have seen, they would beat away the bed-clothes, and could not suffer them to cover their bodies. If you direct a patient having hydrophobia to go into a warm bath, he does not object, but will tell you he will try; upon approaching the water, however, and putting in his foot, he will immediately jump, and tell you he cannot enter the bath. By persuasion, they have afterwards plunged in, when the violence of the convulsions were such, that if not immediately removed, they would have been drowned.—When in the bath, even the slight waves striking against the neck give rise to the most dreadful spasms; and in one case, when the patient was in the bath, and the medical at-

tendant dashed some of the water against his face, he exclaimed, in great agony, "Oh, don't; that is cruel, that is too bad, I cannot bear it." I mention these circumstances for the purpose of shewing you that in hydrophobia there is a great excitement of the nervous system, and it is quite erroneous to suppose that all the symptoms of the disease are produced by inflammation. In hydrophobia and tetanus, the symptoms very nearly approach, yet in the two diseases there is a very great difference.

On the dissection of those who have died of the hydrophobia there has been found inflammation of the internal surface of the pharynx; the mucous and muscular coats of the stomach similarly inflamed, and the muscular fibres of the latter in a state of violent contraction, the contents of the stomach not digested. Now these appearances are not sufficient to account for the symptoms, and the cause certainly resides in the nervous system; he who supposes, therefore, that the disease depends upon inflammation and treats it by bleeding, does not entertain correct views of the disease; he is quite mistaken in its character. Two or three cases were treated by copious venesection some years ago in the East Indies, the symptoms, however, were not those of hydrophobia, but of inflammation of the œsophagus. A man some years ago, in the other hospital, had symptoms resembling hydrophobia; he never had received a bite, and upon examination after death, the œsophagus

situated behind the heart was found to be greatly inflamed, the symptoms were not of Hydrophobia, but of inflammation of the œsophagus. A man some years ago in the other hospital, had symptoms resembling hydrophobia; he never had received a bite, and upon examination after death, the œsophagus situated behind the heart was found to be inflamed.

I advise you, gentlemen, to read the paper which I before alluded to, published by Dr. BABBINGTON, in which a complete history of the disease was given, and you will there see that the loss of blood does not tend in the slightest degree, to relieve the malady.

The two first cases that I saw were treated by bleeding; the loss of blood reduced the strength, but did not mitigate the symptoms: on the contrary, I think the irritability was increased from the weakness which the venesection occasioned.

A rabid animal will at first lap fluids, but cannot take solids: will throw his meat among the straw, and bite at every thing near him: his master will take his food to him, who will be treated by the animal at first in the customary manner; as the disease advances, however, the respect and attachment to the master becomes lost, and the animal will bite him likewise.—After lapping a little water, the dog will take hold of the vessel between its teeth and then dash it to the ground: thus it will be observed that the natural character of the animal remains for a long time

unchanged. A gentleman living in a village had a pointer with this disease; he behaved as well as usual in the field,—would stand, bark, and bring the game; but after the sporting was over, he would bite any animal that came near him, and at length ran entirely away. Upon examining dogs that died of this disease, there has been a slight inflammation observed upon the internal surface of the stomach and pharynx, a sort of efflorescence, and all human beings who have died with this disease have been said to have had more or less a similar appearance.

A few words on the

#### *Treatment of Hydrophobia,*

and I shall then conclude. The best mode that can be adopted is, immediately after the part has been bitten, to cut it out; you should first ascertain at what depth the teeth have entered, by means of a probe, and then take care to excise a sufficient quantity, and leave no part of the injured integument, cellular membrane, or muscle remain. If persons should object to the use of the knife—foolishly object to have the poisoned part cut away, I advise you in such cases to let sink into the wound a small piece of the potassa fusa; this will readily dissolve, and becoming liquid, its cauterizing influence will be communicated to each part of the wound, and thus destroy the influence of the poison: the best plan decidedly is the immediate excision of the part, and where it has been done directly after the injury, it has, I believe, in every instance:

been successful in preventing the disease; if this practice should be opposed, the next best plan is the employment of the *potassa fusa*. I am speaking of these means, you will observe, as preventives, and as for medical remedies, when the symptoms of hydrophobia have once appeared, I am not acquainted with any. Every medicine, I believe, has been tried over and over again, and all have been found alike ineffectual; the only thing in the way of medicine that I think calculated to do good is that which has lately been adopted in France, viz. the injection of warm water into the veins. To make the employment of the remedy safe, however, and to prevent pressure of the brain, the same quantity of blood should be previously abstracted, as it is intended there should be water injected; with this precaution, I think the remedy a very proper and feasible one. I may here remark that the blood need not be abstracted before the injection of the water, but may be let flow from one vein while the water is thrown in at another, and this probably would be the better plan.

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#### LECTURE 54.

*Wednesday Evening, April 14.*

#### *Of Vegetable and Mineral Poisons.*

It remains that I should say a few words on the subject of

vegetable and mineral poisons: One of the vegetable poisons is hemlock; I have not myself seen any instance of its proving destructive to life; the common effects which it produces are giddiness, vomiting, and very severe pain in the head. The effects of this poison are known rather from history than from any recent observations which have been made with respect to it. The Greeks were in the habit of putting to death by this poison, persons who had forfeited their lives to their country; and it was by this poison, as most of you are aware, that SOCRATES was destroyed. It does not appear from the accounts which history has transmitted to us, that SOCRATES suffered much in his last moments, since we are told that, during the time he was drinking the hemlock, he said a cock should be sacrificed to ÆSCULAPIUS for the ease with which he departed life. Tobacco is a highly poisonous substance, though it is rarely given in such quantities as to prove destructive to existence.—I have known it, however, destroy life both when used as an injection, and when applied externally. I will mention a circumstance which occurred to me, in order to put you upon your guard with respect to the use of tobacco enemas. I witnessed an instance of this some years ago in the other hospital, in a young woman who had strangulated hernia. A drachm of tobacco in a pint of warm water was injected into the intestines to assist in diminishing the strangulation.—

There were no previous symptoms which led me to suppose that the patient was near her dissolution, but soon after the injection was administered she became exceedingly depressed, a deadly paleness overspread her body, she had a cold perspiration, vomiting increased to a great degree; soon after she became insensible, and in that state she died. This was not more than three quarters of an hour after she had taken the tobacco enema. On this account I mentioned to you when I was on the subject of hernia that it was dangerous to use this substance without feeling your way in its employment. It is better not to inject at first more than half a dram of tobacco in half a pint of water; if the patient should not be affected by this quantity, another half dram may then be employed. I am aware that two drams or more are sometimes injected without any bad consequences, but this is in cases where the patient has considerable strength of constitution. Where the constitution is delicate and weakly even a dram of tobacco used in an injection will sometimes prove destructive to life. I shall now mention to you another circumstance respecting the external application of tobacco. The mother of a boy, who was the subject of tinea capitis having heard that tobacco was the best remedy for this complaint, went to a tobacco dealer, and bought some tobacco juice, which, as I afterwards learnt, is prepared in the following way:—

A quantity of moist to-

bacco is placed between two rollers, and very strongly pressed, so that the juice exudes, and in this way an extract of tobacco is produced of the very strongest kind. It is used for the purpose of destroying insects, and it is also employed in eruptive complaints of sheep and other animals. The woman put this preparation on the head of the boy, at one o'clock in the afternoon; very soon after he became pale, and extremely sick. Feeling that purging was coming on, he went to a necessary, at the back of the house, where he staid so long, that his mother went to look after him, and found him with his clothes unbuttoned, sitting in an almost insensible state, with his head resting on his shoulder. He had had a copious evacuation into his clothes; he was carried up stairs, put to bed, and at four in the afternoon he died. A surgeon in the neighbourhood hearing of these circumstances, communicated them to me. I attended for the purpose of examining the body, and did not find any appearance of disease. There was a little effusion of fluid between the scalp and the bone, but none in the membrane or ventricles of the brain. If tobacco be introduced in any quantity into the stomach of animals, it kills very quickly, putting a stop to the action of the heart. The oil produced from tobacco by burning it is highly poisonous; it destroys if administered in very small quantities. With respect to its introduction by smoking, I have

never known an instance of death being produced by it in this way.

Opium administered in considerable quantities, destroys life, by producing apoplectic symptoms. The first case of the destruction of life by opium, which I had an opportunity of witnessing, was one in which the person was suspected of having committed a murder. He was seen at a great distance from the spot where the murder was committed, very shortly after the crime was perpetrated, but it appeared he had ridden with extraordinary speed; his horse was excessively heated. It was proved that he had passed through a particular gate, soon after the murder, and other strong circumstances of suspicion concurred so as to leave little doubt of his guilt. Finding that he was likely to be brought to trial on this charge, he determined to destroy himself, and for that purpose he took a quantity of solid opium. The quantity which he took was not exactly ascertained. At 12 o'clock in the day he had apoplectic stertor; on putting a candle to his eye, the pupil did not contract and he was in a state of insensibility. Attempts were made to produce vomiting without success, and at nine o'clock on the following morning he died. —On examination of the body after death the stomach appeared to be very much reduced, and a considerable quantity of solid opium was found in it. In all cases of violent death from opium, reddened appearance of the stomach will be found; I do not

however believe that it is really inflammatory; inflammation and a mere error loci from determination of blood are very different states of parts. I do not believe that opium has the power of producing inflammation of the stomach, and I mention this that it may guide your judgment if you should be called upon to give evidence in a Court of Justice, in a case of this kind. You should make up your minds never to give an opinion as to the death of an individual being produced by a vegetable poison, unless you find that vegetable poison in the stomach, or some other strong proof be given that it was administered. No . . . . . afterwards thought to induce you to take an oath that an individual has perished by a vegetable poison. I here mention that Mr. HUNTER himself used to lament that he had not taken the same precaution on the occasion of a trial which agitated the public mind very much forty years ago. He regretted that he had not made more experiments on the subject of poisons before giving an opinion in a Court of Justice. He found himself a good deal embarrassed on that occasion, the lawyers took advantage of his embarrassment, and he used to express his regret publicly in his lectures that he had not given more attention to the subject before he ventured to give an opinion in a Court of Justice. When opium is taken in considerable doses for a length of time, the result is that it renders the complexion of the person extremely sallow, it produces obstinate costiveness, and indeed arrests all the secretions. It also very much diminishes the virile power and the disposition to social in-

tercourse. I have known several instances of its producing this last effect, when it has been taken for a length of time. We read indeed that the Turks are in the habit of taking opium for the purpose of increasing the propensity to indulge in sexual intercourse, but as far as I have had an opportunity of judging of this fact, opium produces quite an opposite effect. A gentleman, who had taken opium very freely in consequence of the exhilarating effects it at first produced, told me that for a long time he had suffered no inconvenience from it, and that he always found his pulse increased in quickness by its use. In general the pulse is not increased in quickness; persons who take opium have a quick pulse, which becomes slow and full under each additional dose, and at this time they feel increased strength and exhilaration. In some cases, it is true, opium produces a quickness of pulse. A student of this Hospital, who made a number of experiments to ascertain the effects of opium, found that when he took it in considerable doses his pulse rose from 75 to 86, and then began to decline till it fell to 65. Opium, when taken in considerable quantities, after a time puts a stop to all the secretions; the semen is secreted in very small quantities, and in some cases it is scarcely secreted at all. A married man, who took opium very freely, declared to me, that though he slept very regularly with his wife, it was rather a matter of ceremony than of practical duty, for he never felt the slightest disposi-

tion to sexual intercourse. I knew a man who had during two years taken very large quantities of opium for pains in his bowels, who also declared to me, that he never had the least inclination for amatory indulgence. The nerves are rendered highly irritable by opium. A gentleman, who was in the habit of taking opium, came into my room, where the window was not quite fastened, and the wind whistled a little behind it. After chatting for a short time, he rose in a state of violent agitation, and rushing to the window exclaimed, "I can bear it no longer; this d—d Æolian harp will distract me." This irritable state of the nerves, produced by opium, is relieved by a fresh dose: it becomes absolutely necessary to the patient, and the nervousness produced by the opium of yesterday is relieved by the opium of to-day. The largest quantity of opium I have ever known taken, was swallowed by a pupil in this hospital. He sent for half a pint of the tincture of opium, for which he wrote a prescription. The chemist had not quite half a pint, but he sent somewhat more than seven ounces. Of this quantity the pupil took so much, that not more than a tea-spoonful was left in the phial: he must have taken, therefore, about six ounces and six drachms. As this young man was a dresser of mine, I felt particularly anxious about him, and being informed during lecture that he had taken laudanum, to destroy himself, I immediately went to the house of Mr. PHILLIPS, the surgeon, in

Union-street, where he was lodging. They were very properly walking him to and fro, and a quantity of the flour of mustard in water had been given to him, with a view of producing vomiting, but without success. I ordered him a large dose of the sulphate of zinc, but this did not produce vomiting, though it occasioned irritation in the throat. I directed the sulphate of zinc to be repeated; and on quitting the house I met Dr. MARCET, my colleague at Guy's, to whom I communicated the circumstances. Dr. MARCET immediately said, "Pray give him fifteen grains of the sulphate of copper." — We gave him this quantity of the sulphate of copper, which very shortly after it had entered the stomach, produced vomiting; and he threw up a quantity of liquid smelling very strongly of opium. He was kept constantly in motion, the vomiting was assisted by copious draughts of warm water, and in this way he recovered. Two days after, I met him in the square of the hospital, and asked him how he did. Why, said he, my throat is a little sore from the effects of the sulphate of copper. And how came you to take the opium? said I. Why, sir, said he, I will tell you: I think my teeth are not so white as they used to be; the women observe this, and no longer regard me with the same affection; this it is which makes me miserable. (A laugh). Perceiving that he was mad, I took measure to have him placed under the care of his friends. I have known persons take a

drachm of opium day after day, in divided doses. A Turk, who was selling rhubarb at the other hospitals, being asked how much opium he could eat, shewed us how much on his finger. A drachm of solid opium was given to him, and he chewed it before us. People often ruin themselves by a disposition to take opium. I knew a woman in tolerable circumstances, in a village in Norfolk who was in the habit of taking large quantities of opium; she would buy a pint of laudanum at a time, at the chemist's shop, and if any remained after filling her bottle, she would drink it off in a wine glass. This woman was at last unable to buy her opium, and she became a pauper in the parish in which she resided. It is a habit which grows upon persons excessively, and ought never to be indulged. Opium applied externally, will produce poisonous effects; not so soon, indeed, as when it is administered internally, but with equal certainty. If you apply opium over an extensive surface of sore, it will produce obstinate costiveness, and violent pain in the head, a furred brown tongue, and a high degree of fever. I remember a man in the other hospital, who laboured under these symptoms, in consequence of having opium applied over an extensive ulcer. It was not at first thought that the opium produced these effects; but upon its being suspended the symptoms disappeared. I have known opium as water applied to the face of a child in a child which I really believe occasioned its death. It



produced violent constipation of the bowels, and convulsive motion in the eyes of the child. You should never apply opium over any extensive wound. If opium be injected into the veins of an animal, the pulse will be so quickened, that it can with difficulty be reckoned. It will then become so convulsed that you can scarcely hold it on the table. In about five minutes it is tranquillized, and the pulse gradually sinks until it is hardly perceptible; after an hour the pulse is reduced to from 20 to 30° below the ordinary pulsation, which in a dog is from 110° to 130°. The animal becomes sleepy at the same time that its pulse is reduced. With respect to the treatment of persons who have taken considerable quantities of opium, active emetics should be immediately administered if you have an opportunity of doing so; such as the sulphate of zinc or the sulphate of copper. But it will often happen that you have not these substances at hand; you must endeavour in that case to excite as much irritation as possible in the throat, with a view of producing vomiting. I certainly think, however, after the experiment which you had an opportunity of witnessing in this theatre, and that which was made on the dog in the other hospital, that the instrument for evacuating the stomach affords the best means of saving persons, who would otherwise perish under the influence of opium. I mentioned to you on a former occasion a case of the young lady who had taken opium, in which every means

which I could employ for the purpose of producing vomiting proved completely unavailing. When the oesophagus has lost its functions, which it soon does from the influence of opium, no stimulating substances will produce the least effect upon it. I sat hour after hour, by the side of this young lady, watching her progress to dissolution, without being in the least able to prevent it. If however, I had been acquainted with the instrument which has been since invented, I should have used it with the probability of success. This instrument enables us not merely to remove the poison from the stomach, but also to throw in water in considerable quantities, and to introduce stimulating remedies after the opium is removed, for the purpose of restoring the functions of the nervous system; and this in cases where emetics cannot be even swallowed. I certainly do expect the happiest results in such cases from the invention of this instrument. The man who first suggested such an idea deserves well of his country, and they who oppose it until the instrument has been fairly tried and found useless, must be destitute of understanding. Persons who object to a proposition merely because it is new, or who endeavour to detract from the merit of the man who first gives efficacy to a new idea by diminishing its usefulness and utility, are foolish, unmanly, envious and illiberal objectors; they are unworthy of the designation either of professional men, or of gentlemen.

I will take this opportunity of mentioning to you, that the new medicine iodine, which is now much employed in enlargements of the glands, in the form of hydriodate of potash is a very active poison, and you should be very much on your guard in employing it. I witnessed very lately an instance of an over-dose of this substance producing the most violent convulsive symptoms. The quantity of iodine taken was less than that which is often given, but it was an over-dose to this patient. There were 40 drops of the tincture in a mixture of 6 ounces, and he was desired to take three table-spoonsful three times a-day. He had only taken three-fourths of the mixture when he was seized with the most violent convulsions. His hands, legs, and feet were kept in constant involuntary motion, and he declared that during the whole night he resembled a person in the act of fighting and wrestling. Dr. MARCET mentioned to me a case of a lady on the Continent, who destroyed herself by taking this medicine; she thought she could manage it herself; took it for several days, and increased the doses. She was seized with violent vomiting, purging, excessive pain in the stomach and convulsive symptoms and in this state she died. It is a dangerous remedy when used internally, and I do not think its merits as an internal medicine are at all equal to those which it possesses as an external application.

I shall proceed to say a few words on the mineral poisons.—Arsenic is a poison very common-

ly taken for the purpose of committing suicide. Very soon after this poison is swallowed, the most excruciating pain is felt in the stomach; besides this effect on the stomach it produces excessive vomiting, violent spasmodic contractions of the muscles of the abdomen, twitchings and convulsive motions of the hands.—The pain is so horrible that much as we may lament the want of firmness which leads to the commission of suicide, we deplore still more the suffering occasioned by a poison which produces such excruciating torture as arsenic. A person who has taken a sufficient quantity of arsenic to destroy life dies about nine hours after having taken it. During that time he suffers the most excruciating agony until within two hours of his death, when his pain is somewhat mitigated; he is then convulsed, his body is perfectly pallid, and covered with a cold perspiration, and his forces pass off involuntarily. On examination of the body after death a very large quantity of mucus appears to be thrown out in consequence of the irritation produced by the arsenic.—This is a sort of defence set up by nature, a quantity of mucilaginous matter being produced, which is for a time capable of supporting the oxide of arsenic so as to keep it from the coats of the stomach. When the quantity is large, the poison penetrates through this mucilaginous secretion affects the internal coats of the stomach, and produces gangrene. The inflammation however is not general but affects only particular spots. When the poison passes the bounds of the

stomach, and enters the duodenum, it still produces ulcerated spots of a grangrenous colour, the inflammation not being generally diffused. If, therefore, you should be called upon in a Court of Justice to say whether you believe a person to have been poisoned by arsenic, your judgment must be guided by the following appearances: If the person has died by the effects of arsenic, you will find a large quantity of mucus secreted in the stomach, a part of the arsenic supported in the mucus, grangrenous spots in the internal part of the stomach. Having found these appearances, and carefully washed out the stomach, it is better to send the contents to some person who is in the habit of making chemical experiments. A medical man, unless he is a first-rate chemist, ought not to depend upon his own experiments in cases where the lives of individuals may, perhaps, be involved in the decision. He should content himself with carefully collecting the contents of the stomach, and sending them to be analysed by a professed chemist. The dose of arsenic, when it is given as a medicine, is five drops of the arseniate of potash three times a day at the commencement. This dose may be increased at the utmost to fifteen drops. Few stomachs can bear it to that extent, and in general, when I give this medicine with a view to the removal of any periodical disease of the intermittant form, I begin with five drops three times a day, and very rarely increase it beyond twelve drops. The bad effects which this me-

dicine produces after a time often lead us to regret that we should have employed it at all. It occasions pain in the stomach, a disordered state of the bowels, œdematous swellings in the face, and in the hands and feet, from which it is often a long time before the patient recovers. With respect to the external application of arsenic you should be very much on your guard in its employment. I remember a patient in the other hospital who had a fungus in the eye to which the solution of arsenic was very liberally applied; he complained very much of pain in the stomach, and the result was that he died of inflammation in that organ. On examination of the body after death the stomach exhibited the peculiar inflammatory appearances produced by the poison of arsenic. It is a curious circumstance that if arsenic be injected into the blood-vessels it kills by producing inflammation in the stomach. There are few subjects which have been attended to less than the disposition that exists in some parts of the body to be acted upon by certain medicines to the exclusion of other parts. Thus if ipecacuanha be injected into the veins it still acts by producing vomiting; if arsenic be injected it produces vomiting and inflammation of the stomach; introduced in this way it destroys life in three or four hours, and if in large doses, it will sometimes destroy in twenty minutes. If oxymuriate of mercury be injected into the veins it produces the destruction of life by inflammation, not only of the stomach but of the intestines; when re-

ceived into the stomach it acts both on the stomach and intestines; and when injected into the veins it acts equally on both. Arsenic produces inflammation of the stomach only, and not of the intestinal canal. Tartrite of antimony and ipecacuanha both produce vomiting, when injected into the veins. It appears, therefore, that you can only influence certain parts of the body, by particular medicines, in whatever way those medicines may be introduced into the circulation. Certain substances have uniformly specific effects on particular parts of the body; thus cantharides act on the neck of the bladder, aloes on the rectum, and other medicines which we are in the habit of using, have an influence on one part of the body, to the exclusion of all the rest. This subject is well deserving of attention; it has been but little investigated, and affords an ample field for research and useful discovery. The oxymuriate of mercury is often used for the purpose of destroying life; it produces vomiting and purging, great depression of strength, coldness of the extremities, and death frequently ensues in the course of a few hours. With respect to the means which should be employed with a view of removing the oxymuriate of mercury from the stomach, I will tell you what I believe to be the best remedy to resort to at the moment, for it will often happen that you cannot obtain the best chemical preparations for that purpose. It is well known that the carbonate of potash or

soda decomposes this substance. What I should advise you to do, therefore, would be to mix a quantity of soap with warm water, and making it as thick as lather as you can, give it in large quantities to the patient. I have myself tried this remedy, and my patient recovered, whether *post hoc* or *propter hoc* I will not decide, but my belief is, that I could not have administered a better remedy than that which suggested itself to me on the sudden, if I had been in Apothecaries Hall. The alkali of the soap immediately decomposes the oxymuriate of mercury while the greasy matter sheaths the stomach, and checks the further influence of any portion of the substance which might remain. This, therefore, appears to be the best extemporaneous remedy you can employ in such cases. Diluents should be given to a very considerable extent as well as the alkali. It may appear that I am disposed to think too well of the instrument to which I before adverted, when I state that I believe the syringe may also be successfully employed for the purpose of removing the oxymuriate of mercury from the stomach. I should certainly prefer it to any other means; but instead of using simple water, I should throw in a quantity of soap and water; then withdraw it: I should repeat this operation until the stomach was entirely cleansed. It has been suggested that although this instrument may be used with success for the purpose of removing the vegetable poisons from the stomach, yet it would not succeed in cases

of poison by arsenic or corrosive sublimate. This I do not believe.

With respect to arsenic, I am aware that if it were taken in the solid form, and a considerable portion had fallen on the stomach, it would be impossible to remove it, but as it is usually taken in powder, I think the instrument is very capable of removing it, because it will be for a considerable time at least kept in solution by the mucus which is thrown out from the surface of the stomach, and in this state it may be removed. At all events this deserves a trial. They who suppose that the arsenic adheres to the internal coats of the stomach so that it cannot be removed, have never made any experiments with the oxide of arsenic; it does not adhere to the coats, but it is lifted from them by mucus. With respect to the influence of lead, I have but little to observe. In colica pictonum, where we have an opportunity of observing its effects, no inflammation appears to be produced in the stomach. This disease seems to be entirely spasmodic; it will be right to administer large quantities of castor oil, and emetics in it. I have known persons suddenly lose the use of one side from the effects of lead. I once observed that a boy who was at work at my house, had paraplegia; and I asked him how he came to lose the use of his side. Why, sir, said he, very foolishly; I had some lead in my pocket, as I was going home to my master's, and on the road I bought some gooseberries, and put them into my pocket.---- I found that the mixture of

lead only made the fruits sweeter; so I finished my gooseberries, and on the following morning I lost the use of my side. I shall conclude this lecture by shewing you the effect of a powerful poison, called Ticunas, with which the Indians in the back settlements of Demerara arm their arrows. There is a very minute portion of the poison on a stick in this little box, which is sufficient, however, to poison every one of you. I shall insert a small particle, I know not what fraction of a grain, into the cellular tissue of a rabbit, and you will see that in the space of three or four minutes the animal will die without appearing to suffer the least pain. It will probably continue to eat the parsley on the table till it dies.

The first rabbit on which the learned professor performed the experiment, walked about the table, and partook of his parsley, but declined dying at the end of four minutes. Whether the poison were not effectually introduced within the cellular tissue, or whether this rabbit were blessed with an idiosyncrasy which rendered him insensible to its effects, we will not decide; certain it is that he continued to eat his parsley with a provoking vivaciousness till the moment when we left the theatre. The learned professor introduced a minute portion of the poison within the cellular tissue of a second rabbit, on which it soon produced the usual deadly effects. It appeared to suffer no pain, but at the expiration of three minutes its hinder extremities were paralysed; in three

minutes and a half it appeared to be insensible, and at the end of four minutes it rolled on its back and died.

#### DINNER OF THE GENTLEMEN EDUCATED AT ST. BARTHOLOMEW'S HOSPITAL.

On Saturday the gentlemen educated at St. Bartholomew's Hospital dined together at the Albion Tavern, Aldersgate Street. About 130 gentlemen were present, and the Chairman on this festive occasion was Mr. LAWRENCE. After the cloth had been removed, and Mr. LAWRENCE had said grace, the usual loyal and patriotic toasts were drunk with the usual enthusiasm.

The CHAIRMAN then rose to propose a toast which he was persuaded would meet with the most cordial reception, the health of the Governors of St. Bartholomew's. Without the active support and co-operation of that body, he observed, that the skill, and all the exertions of the medical officers of the institution would be unavailing. Hospitals were not only most invaluable institutions, affording the means of relief for the poor and distressed, when labouring under those infirmities to which their situation in life particularly exposed them; but they had of late years become objects of great importance, as schools of medical instruction. The benevolence which led to their foundation had thus had a more extended operation than was originally anticipated, and through the medium of those who received their educa-

tion at these institutions their beneficial effects were diffused over the remotest parts of the kingdom. St. Bartholomew's Hospital was particularly fortunate in being superintended by a body of liberal and enlightened governors, who felt nothing like jealousy with respect to the exertions of others, and who were anxious only to give effect to every measure which was calculated to extend the benefits of the Institution. The efforts which they had made in erecting buildings for the purposes of medical instruction, merited the highest praise. To several of these gentlemen they were indebted, not only for the money, which their affluence and rank in life enabled them to give, but for the time which they had devoted to promote the interests of the institution. He had great pleasure in proposing the health of the President, the Treasurer, the Almoners, and other governors of St. Bartholomew's Hospital.

The toast was drunk with applause.

Mr. R. STEPHENSON, the Treasurer, in the absence of Sir J. SHAW, returned thanks in a spirited and appropriate speech.

The CHAIRMAN next proposed prosperity to St. Bartholomew's Hospital. All he would say on the subject was, that such an Institution would, and must continue to flourish.

The toast was drank with applause, and followed by an appropriate air; "*Peaceful slumbering.*"

The CHAIRMAN next rose to propose a toast, which in point of pharmacology might perhaps

be objected to on the ground of its being in the oriental style of exaggeration, like the expression "may your excellency live for a thousand years." In the sentiment however he was sure they would all concur, "Perpetuity to this anniversary."

Mr. R. STEPHENSON said the Chairman had proposed the health of the Governors of that Institution in very kind and flattering terms. In returning thanks on the part of the governors, there was one observation which he felt it important to make. "It was true that the governors had endeavoured, as far as possible, to promote the interests of the institution; but what, he would ask, would that hospital have been without the talents by which he now saw himself surrounded? He begged leave to fill a bumper of wine to their worthy president, Mr. Lawrence."

The CHAIRMAN in returning thanks, said, he felt particularly indebted to their worthy Treasurer for the kind manner in which he had proposed his health. He felt it but due to St. Bartholomew's hospital, in the school of which he had been educated, to declare that he was indebted to that institution for all the knowledge he might possess, and all the professional success he had obtained. He had great pleasure in drinking the health of all present.

The CHAIRMAN, in proposing the health of their absent friends, expressed his regret that Dr. WRIGHT was prevented by indisposition from attending this anniversary.

The CHAIRMAN next propo-

sed the health of three distinguished members of the Institution, two of whom were among the oldest members of the College of Physicians, Dr. ROBERTS, Dr. POWELL, and Dr. HUGHES.

Dr. POWELL, in returning thanks, assured the company that the gratitude he felt for the honour which had just been conferred upon him was not "all my eye and Betty Martin." (This facetious observation was occasioned by the circumstance of Taylor, the singer, having just delighted the company by a song, the burden of which consisted of the classical phrase which the learned Physician introduced with so much felicity into his speech. The song was received with enthusiastic applause, and was even encored by a part of the company.)

The CHAIRMAN gave the surgeons of Bartholomew's Hospital. The toast was drunk with loud applause.

Mr. ABERNETHY returned thanks, and begged leave to fill a bumper to the health and prosperity of all present.

The CHAIRMAN rose to propose the health of the founder and great supporter of the school of St. Bartholomew's Hospital; it was scarcely necessary for him to mention the name of Mr. ABERNETHY. The medical school of St. Bartholomew's originated in him; before his time, nothing in the shape of regular Lectures on the science of surgery had been delivered at that Institution. He had now the satisfaction of seeing the work of his own industry and genius raised to the highest pitch, and equal to any

other medical school in the world. It was unnecessary for him to enter more at large into this subject, because they were all aware of the great merits and exertions of the individual whose health he now proposed. As professional men they were aware that Mr. ABERNETHY had contributed more than any other individual to give a philosophical character to the medical science. They were aware also of his high character in all other points connected with his public conduct, and that in independence of mind, in integrity, in liberality of principle, in a firm and consistent adherence to that liberality of principle, in all those points, in short, which could add lustre to the professional character, Mr. ABERNETHY might be equalled, but could not possibly be surpassed.

The health of Mr. ABERNETHY was drank with loud and continued applause.

Mr. ABERNETHY, in returning thanks, said, he had certainly endeavoured to learn his profession to the best of his ability, and he felt conscious also that he was at all times free to communicate what he knew. He was not conscious, however, of any superiority in discharging his duties as a teacher. He had endeavoured to excite in the minds of the students the same enthusiasm which he felt himself for the prosecution of a noble science, and if he had endeavoured to create enthusiasm, he had luckily been successful, for he had excited the desire of studying the profession with diligence in the minds of many who pos-

sessed far greater abilities than himself. When he heard himself designated as the founder of the school of St. Bartholomew's, he really felt considerable embarrassment, because it was a designation to which he could lay no claim. He cordially concurred in wishing prosperity to that institution, and with every reciprocal sentiment of good-will, he begged leave to drink the health of all present. (Applause.)

The CHAIRMAN said that the health of one of the teachers of Bartholomew's school, had just been drank, and he was going to propose a similar mark of respect to the talents and genius of the others. Bartholomew's school was supported by professional men who did every thing in their power to fill the important offices which they held, and he would therefore propose the following toast:—"Health to the other teachers of Bartholomew's school; Dr. HUGHES, Doctor GOSCH, and Mr. STANLEY." The toast was received with great applause, and drank with three times three.

Dr. HUGHES rose to offer, in the name of his colleagues, their sincere acknowledgments for the honour that had now been conferred on them; he was sure that he was expressing their sentiments, as well as his own, when he added that it was their sincere wish to discharge their duty in such a manner as to be deserving of approbation; and it was their pride at the present moment to have obtained it.

The CHAIRMAN said, that he



was about to propose the health of a gentleman, whose kindness to the sick, and zeal in the discharge of his duty, were well known to all connected with the hospital, he meant the clergyman of Bartholomew's Hospital. The health of the Rev. Mr. WILKES was then drunk with applause.

The Rev. Mr. WILKES returned his best thanks for the handsome manner in which the Chairman had mentioned his name. This was only one out of many marks of favour which he had received from the medical officers, for the civil were continually receiving marks of attention and kindness from the medical officers of the establishment, and it was their pleasure as well as duty to be always in harmony with those gentlemen; he wished health and prosperity to the medical and surgical officers of Bartholomew's Hospital.

The CHAIRMAN said he was about to propose the health of three officers belonging to the Hospital, who, although not directly connected with the medical school, were at all times most ready and willing to promote its interest; and whose aid and assistance had been often afforded. The health of Mr. WOOD, Mr. WILBY, and Mr. WATTS.

Mr. WILBY, steward to St. Bartholomew's Hospital, returned thanks for the manner in which his own health, and that of his colleagues, had just been drunk, and said that no exertions should be wanting on their part to promote the interests of the institution.

The CHAIRMAN then proposed the health of the Officers who had held official situations in the hospital, and to whom the establishment was indebted for many valuable services, but who, *from some cause or other*, had retired. "The health of the retired Officers" was then drunk.

The health of the physicians and surgeons of other hospitals was next drunk; several other toasts were given, and the festivity of the evening was kept up to a late hour.

## CHEMISTRY.

We stated in our last number, the maxim generally adopted by chemists, viz. "whenever bodies pass, from a rarer to a denser state, heat is invariably produced." That this is incorrect as a general fact we have no hesitation in affirming. We have observed in many of our experiments, that, notwithstanding heat is very frequently produced by the passage of a body from a rarer to a denser state, (as for instance, in those we detailed in our last number,) yet it sometimes happens that heat is given out in large quantities when bodies pass to an opposite state, (*i. e.*) when they enlarge or become expanded in volume. The frequent occurrence of similar facts have so changed our opinions respecting the cause and nature of heat from those generally received, that we set aside the notion of *latent heat* altogether, as absurd.—We should observe here for the information of some

of our readers, that the term "latent heat" is employed by chemists, to express a supposed quantity of the *matter of heat*, or caloric, which is presumed to exist in combination with another body; and which they state to be insensible to our feelings or our thermometers, in virtue of a certain law of combination, analogous to chemical affinity. This latent heat they believe is liberated, and becomes "sensible heat," when bodies change their forms, or pass from a rarer to a denser state, in consequence of the *capacity*, as it is called, of the bodies for heat being altered by this change of state. This implies, and which they affirm to be true, that heat is material. It is said, in illustration of this part of the subject of latent heat, that if we abstract a given portion of it from steam, we reduce the steam to water; and if from water we abstract another proportion of latent heat, the particles will fall nearer each other, and the water will become solid or ice. On the other hand, if we apply heat to ice, it will first become liquid, and on the application of another portion it will be converted into vapour, or assume the æriform state.

On this view of the subject, all fluids are nothing more than a mixture of some solid particles of matter with latent heat, and they differ from gaseous bodies simply in possessing a smaller portion of it. From this it follows, that whenever a gaseous body is condensed into a liquid; or a liquid body is condensed into a solid; the body so condensed must necessarily part

with a large portion of latent heat, otherwise the change could not take place.

If this doctrine be true, heat must always be given out whenever a body is condensed in volume; a conclusion on which the above maxim originated, we believe, rather than from accurate observation. As the doctrine of the materiality of heat teaches us that all bodies owe their state of density to the quantity of heat which is mixed with them, gaseous bodies must contain more latent heat than liquids, and liquids more latent heat than solids; for instance, steam being æriform, contains more latent heat than water, and water being liquid more than ice, which is solid, so that the different states of bodies, at different times, necessarily presume a greater portion of latent heat in combination with them at one time, or in one state than in another.

Many of the phenomena of heat which take place in matter on a change of form, may be accounted for on this theory; but there are others, as we have previously observed, which cannot be reconciled to it, but on the contrary, appears to us to establish a very different opinion. From among the many experiments to which we allude, we shall select the following, and regret that the pressure of other matter prevents us from extending them to greater length.

Pass up into a large jar of ammoniacal gas, (which agreeable to the above theory, is a mixture of ammonia and the matter of heat,) standing over mercury,

a few drams of water; the whole of the ammonia will instantly be absorbed by the water and pass into the fluid state, yet little or no heat will be produced: now according to the foregoing theory considerable heat ought to have been set at liberty by the great condensation it suffers, and to have become sensible; or else what becomes of that large portion of latent heat, which was mixed with, and necessary for the ammonia to exist in the state of gas. Again, mix two jars of carbonic acid gas with one of ammoniacal gas, both the gases will be instantly condensed into a solid (Carb: Ammonia), and notwithstanding the condensation has been so great in both gases, yet little heat will be produced. We again ask what becomes of the heat which preserves the carbonic acid in the state of a gas, as well as that which was employed to constitute the gaseous form of the ammonia? Mix together a jar of ammoniacal gas, and a jar of muriatic acid gas; both gases will be condensed into a solid the mur. of ammon. and yet no heat will be liberated.

We might extend these experiments a great length, not only in gaseous, but also in liquid and solid bodies, but we do not think it necessary to do so, even if more of our Journal could be devoted to the subject; as those above enumerated must convince every impartial person who will take the trouble to examine them correctly, that a change of form does not produce a comparative increase

of temperature, when bodies pass from a rarer to a denser medium; on the contrary, as we stated in the commencement of this paper, the opposite effect is sometimes produced. This we shall have occasion to notice hereafter.

The second part of the law, namely, "that all bodies passing from a denser to a rarer state absorb heat or caloric" is equally erroneous with the first. But as we stated experiments in support of the opinion, that all bodies give out caloric by condensation, before we submitted our experiments against it to our readers; so also we shall detail some experiments to prove that cold is produced when bodies pass from a denser to a rarer state, before we proceed to state those which support an opposite opinion: because we wish our readers to have an opportunity of judging for themselves, and forming their own conclusions on this important subject. We must defer it, however, until next week, when we shall again resume the subject.

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#### ST. THOMAS'S HOSPITAL.

Symptoms of Stone; operation of lithotomy proposed, not performed; *post mortem* examination, no stone found; fungus of the bladder.

STEPHEN W. *æt.* 61, labourer, was admitted into St. Thomas's Hospital, (Isaac's ward) Feb. 15th, 1824, under the care of Mr. TRAVERS, with symptoms of stone. The patient complained of great pain in making water, which extended down the thighs, and was very severe.

at the extremity of the penis. His urine would, when passing in a full stream, cease for an instant, and then flow again; it was sometimes bloody, particularly after taking exercise; at other times turbid, and giving a white sediment. He also had frequent disposition to void his urine. These symptoms had existed for some time prior to his admission. The man was sounded by Mr. TRAVERS, as well as by the other surgeons belonging to these institutions, most of whom believed that they felt a stone in the bladder, so strong was the impression on their minds of a calculus being there, that the patient was ordered to be brought into the theatre, for the purpose of submitting to the operation of lithotomy, but on one of the surgeons (Mr. KEY) stating that he could not feel the stone, Mr. TRAVERS very properly declined operating. A short time after this, Sir A. COOPER, one night after surgical lecture, sounded the patient, and concurred with Mr. KEY that there was no stone; these two, however, were the only surgeons who were not of opinion that there was a calculus in the bladder. The balsam of copaiba, the liquor potassæ with opium and other medicines of a similar nature were ordered but without producing any good. The symptoms became worse, the patient had very distressing pains in the loins and his feet and legs swelled considerably. He was cupped in the loins, a warm plaster was applied to the part, leeches to the perineum, and anodyne injection were used; he also took a good

deal of opium but without affording anything more than temporary relief. He gradually sunk, and on Wednesday (May 4th) he died, having lived nearly three months from the time of his admission.

*Examination of the body.*—The body was examined twenty six hours after death by one of Mr. TRAVERS's dressers, in the presence of two or three pupils.

*External Appearances.*—Body emaciated, and pale, excepting the lips which were livid.

*Chest.*—Right lungs were adhering to the pleura costalis, laterally and posteriorly, and to the diaphragm inferiorly; of a livid hue posteriorly, but of the natural colour anteriorly, internally they presented a redder appearance than natural. Left lungs were adhering in a similar manner to the pleura costalis as the right. The adhesions on both sides appeared to be of old standing, although those on the right were firmer than those on the left side. Left lungs in the same state as the right. Pleura costalis presented nothing remarkable, excepting where it had adhered to the lungs, and then it was covered with white lymph which was thin but firm. Right bronchia red and contained some muco-purulent matter—left, natural and empty. Heart was of the usual size, and not in any way diseased; the left ventricle contained some dark coloured blood. The aorta was rather enlarged at its arch.—There was no effusion whatever either into the chest or pericardium.

*Abdomen.*—Liver was large,

but healthy; gall bladder distended with bile; the vessels on the outer coat of the stomach were injected with blood; intestines healthy. The organs of generation were the parts to which the attention was particularly directed; previous to examining them, a sound was introduced into the bladder, in order to ascertain the sensation that would be communicated by it, which was as follows:—when the sound was pushed against the bladder, nothing more than usual could be felt, but when moved across with a rotatory motion, it appeared as if there was some foreign body in the bladder, but no sound could be heard. The bladder was then opened. On the finger being put into it, a considerable roughness could be felt, and on looking into it two fungous tumours, each about an inch long were seen projecting just at the point where the ureters enter the bladder.—The internal coat of the bladder was very red, and ulcerated in one or two places. The bladder was very much contracted in size. Both kidneys presented the same appearance externally; they were rough on their outer surface, of a pale yellow colour, and covered with tubercles or small yellow bodies of the size of a millet seed which were rather hard. On being cut into, the kidneys were found to be considerably disorganized, presenting throughout a yellow appearance. There was a little urine in each. The left kidney was a little larger than the right. Ureters—left of the usual size and healthy. Right considerably distended and inflamed.

Prostate not much enlarged.

Head and spinal marrow were not examined.

ELIZABETH RAIGEN.—Case continued from page 156.

*Compound Fracture—Amputation—Death.*

Thursday, April 28th.—The patient is extremely low; pulse small and weak; tongue dry and covered with a brown fur in the middle, but red at the edges; countenance indicative of great prostration of strength; indisposition to speak; bowels opened three or four times by some castor oil. Discharge from the wound increased in quantity, and of a very offensive smell; slight blackness on the front of the leg as if the part were threatened with gangrene; wine porter and stimulating medicines ordered to be continued.

It being apparent that the patient was sinking fast, it was thought that the only chance for her life was to remove the limb, and consequently an operation was proposed, to which she consented. Mr. TRAVERS then said that he would perform it to-morrow at one o'clock.

29.—Patient rather weaker than yesterday; at half-past one o'clock she was brought into the female operating theatre to undergo the operation; the tourniquet being applied, and the artery in the groin compressed as well, an assistant supported the limb whilst the operator proceeded to amputate about three inches above the knee joint. The usual steps of the operation having been completed, great care was taken that as little blood as possible should

be lost; three vessels were soon secured, the wound was dressed, and the patient removed from the theatre in twenty minutes from the time she was first brought in. About four ounces of blood were lost. During the operation the patient was quite faint—and brandy and wine were administered, which revived her a little.

On examining the limb there was found an oblique fracture of the tibia and fibula, about three inches above the ankle joint, together with an extensive laceration of the integument extending from two inches below the head of the tibia to the inner malleolus; no attempt at union of the bone had been set up.

The patient was pretty easy after the operation; but gradually sank and died on Monday, (May 3rd). The body was not examined.

We will ask Mr. TRAVERS one or two questions concerning this case. 1. If the operation afforded the patient a chance of recovery on the Friday, *a fortiori* would it not have given her a better chance if it had been performed on the Thursday when it was first suggested? 2. If this be true, why was the operation deferred till the Friday?

Few accidents have been admitted this week.

## MIDDLESEX HOSPITAL.

April 26th.—Daniel Leary, a robust, healthy man, æt. 28, was brought to the hospital about 5 o'clock this evening, with a very serious laceration

of the scalp, and injury of the cranium. From the accounts given by his fellow-labourers, it appeared that a stone weighing several hundred pounds had fallen on his head.\* A considerable quantity of blood had been lost previous to his admission, apparently from the anterior temporal artery, which had been divided by the accident, as also from other vessels, which will be more evident as we proceed. His pulse at this period, was about 65, and by no means remarkable, and his mental faculties were but little impaired.

On examination, it was found that the scalp had been divided over the vertex of the head, about an inch behind the coronal suture, which extended irregularly from the squamous portion of the temporal bone on the right side to the same point on the left, where it diverged, and ran towards the orbit. From the line of separation thus produced, the parietal and frontal bones were denuded † as far down as the transverse suture, leaving the superciliary ridges and the superior parts of the orbits exposed. The scalp which covered these bones was at the same time turned down over the face, and descended as low as the mouth. The frontal bone was fractured across in a transverse direction, commen-

\* It appears that the stone weighed five or six hundred pounds, and was about to be used as a jack or pulley. It is most probable therefore, that the gravitation of this heavy body was, in some degree modified or diverted by these means.

† In several places the bone was deprived of the pericranium as well as the scalp.

ing about an inch and a quarter above the external angular process on the left side, and terminating by a fissure in the right orbit. From the point at which the fracture on the left side commenced, a fissure was also observed running upwards towards the parietal bone and extending downwards at rather an acute angle into the orbit.

The inferior portion of the frontal bone thus separated, was depressed about a quarter of an inch beneath the superior part, and in order to raise it, the acute angle above described was removed by HER's saw; but the subsequent attempts to raise the bone not being successful, the trephine was applied at the superior part, and opposite an obtuse angle of the undepressed portion of the frontal bone. The elevator being now employed, the depressed bone was returned into its proper situation without farther difficulty. At this stage of the process, it was discovered that the dura mater had been separated from the cranium by the violence of the blow, and that this membrane, together with the anterior lobe of the cerebrum, had receded to a considerable distance from its natural situation, so as to leave a vacuity, or an empty space below the seat of the injury.

The pulsation of the brain could, however, be distinctly perceived; and on the depressed portion of bone being returned to its proper level, a considerable discharge of arterial blood followed. Upon carefully introducing the little finger through the opening made by

the trephine, and passing it downwards towards the orbit, it was discovered that the orbital plate of the temporal bone had suffered materially; and three or four loose portions of it were accordingly removed by the forceps. This part of the operation could not have failed to have been extremely satisfactory to the operator,\* for had the bone been returned to its natural situation without the use of the trephine, the above insulated parts could not have been removed, and the irritation caused by them must, ultimately, have been extremely prejudicial to the patient, and perfectly decisive of his fate.

Some oiled lint was now placed over the aperture when the scalp was restored to its natural situation, and restrained by strips of adhesive plaster, over which some simple dressing was placed and secured in the ordinary way by a night-cap. It is a singular fact, that this man's pulse did not differ throughout in any material degree from the standard of health. On his admission, as we have observed above, it was 65, and after the operation it did not vary 5 beats in the minute. During the progress of trephining he frequently requested to be allowed to drink, and his sensorial powers did not at any period appear to be much affected.

27.—Last night, after the operation, an emema of house medicine was exhibited. About ten o'clock he became restless and uneasy, and manifested some

\* Mr. CASTLEMAN.

abstraction of mind or confusion of intellect. Sixteen ounces of blood were taken from the arm, which produced an evident effect on the pulse, and the straight-jacket was ordered to be resorted to in case of need. To-day his pulse is 70, and rather weak; tongue a little furred; skin natural and his bowels have been well opened by the enema exhibited yesterday. There has been a slight oozing of a coloured fluid through the dressings. He has some disposition to sleep, and at these periods a sniffling noise may be heard, arising probably from the absence of a free passage for air through his nostrils. His breathing is, however, oppressed and anxious, though in a very trifling degree. His senses, however, do not appear to have suffered.

R: Pulveris Antimonialis gr. iij.

Hydrargyri Submuriatis gr. ij. fiat Pulvis ter die sumendus.

28.—The wound was dressed to day and looks remarkably healthy. The brain has resumed its natural situation, and there appears no cause for, or evidence of compression. The tongue is slightly furred and of a yellow colour, skin is natural and his bowels have been open twice—the pulse during the dressing rose about ten beats in the minute; and again sunk to the original standard, on his being left in a state of quietude. To day it is sixty and rather weak—he is perfectly sensible and takes the same medicines.

29.—Pulse seventy and tolerably firm—bowels open—two or three times in twenty-four hours—tongue still a little furred—skin

in no respect particular. He has some disposition or propensity to sleep, but is easily roused and is perfectly sensible, his head has been kept cool by a cloth wetted with the lotion of acetate ammonia; complained to day of a soreness of the mouth, powders continued.

30.—The wound was again dressed to day and looked remarkably healthy, pulse seventy and rather weak, bowels regular, skin rather dry, and tongue a little furred but moist; the patient is perfectly rational and complains of a slight pain in the chest, there is however, no external appearance of injury in that quarter, the swelling in the right eye has greatly diminished and the faculty of vision is now exercised in it.

May 1st.—No particular alteration.

2.—Wound dressed to day and looks well, pulse seventy and tolerably full, bowels not open since yesterday, mouth rather sore, tongue tolerably clean, senses unimpaired, skin rather dry, powders discontinued.

R: Magnesie Sulphatis, ʒi.

Spiriti ætheris nitrici, ʒi.

Infusi Rosæ, ʒi. ss. fiat haustus ter die sumendus.

Hirudines sex brachio— which was slightly injured.

3.—The wound was again dressed in the usual way. The dura mater was found to be granulating and the scalp throughout the line of division, suppurating healthily. Bowels open twice. His skin to day is rather hot and dry; tongue a little furred but moist; pulse 61; weak; sensibrium not affected.



4. -Pulse 55, soft; tongue furred and dry, with a brownish crust upon it; skin natural; bowels open last night; granulations springing up from the dura mater; healthy suppuration from the wounded scalp; is not quite so well as yesterday.

Two of the cases of concussion mentioned in our last have been discharged, the other still remains here but does not appear to have any bad symptoms. The boy Angel has nearly recovered the *perfect use* of his left side and his general health is good.

### ST. BARTHOLOMEW'S HOSPITAL.

ROBERT SMITH's case continued  
from page 158, vol. iii.

30th.—Has had a restless night, dozing only at intervals; complains of some pain in the lumbar regions; pulse 100, exceedingly small, and weak; tongue still dry and brown; skin hot and feverish; no appetite. Saline draughts; pills discontinued. Venesection ad  $\frac{1}{2}$  xvi.

1st.—Slept little; general debility; takes no nourishment, and appears almost in a comatose state. Pulse rather fuller than yesterday; breathing laborious, but not stertorous.

2nd. He remained nearly in the same state, pulse alternately sinking and rallying, until half-past eight, when he expired.

In reporting this case we omitted to state a slight injury

to the scalp; it had the appearance of a graze; at the time the injury was received, the patient did not complain of any injury in the part, but, from his insensible state during the thirty-six hours, preceding his dissolution, we are led to suppose the brain was more or less affected.

#### *Post mortem examination of the body.*

The body was examined a few hours after death by Mr. LAWRENCE in the presence of some of the pupils.

The first thing that presented itself, was an extensive fracture of the skull; a large quantity of pus was found under the dura mater, the arachnoid was quite opaque, and the ventricles distended with water. Nothing remarkable was observed in any other part of the body excepting at the hip where there was found a fracture of the neck of the thigh bone, within the capsule.

Neither the fracture of the cranium, nor that of the femur had been ascertained during life. So much for Bartholomew surgery. The patient was under the care of Mr. LAWRENCE.

The accidents admitted here this week are a fractured patella, dislocation of the left os humeri; fracture of the tibia and fibula; case of cut throat, and a child with a severe burn.

Sir LUDFORD HARVEY has resigned his situation as surgeon to this institution; Mr. LAWRENCE will succeed him. There are three or four candidates for

the assistant surgeonship, but we are unwilling to say any thing at present about the election, that may injure either party. But there is one circumstance to which we must allude, which is, that one of the candidates has not served an apprenticeship to the hospital, and if he be duly qualified for the post, (which we believe him to be) we should be heartily glad for him to obtain it. The present system of electing hospital apprentices to fill the office of surgeons in preference to all others, without any reference to the respective merits of the candidates will not, we feel convinced, last very long. The medical profession in this country has existed for centuries without being subjected to the controul of the press; but the times are changed, and we trust that the repeated exposure of existing abuses will at last produce their reformation.

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#### ST. GEORGE'S HOSPITAL:

*Friday, April 30.*—Two operations were performed at this hospital to-day; both the patients were females, and both about the same age—30 years.

The first, performed by Sir EVERARD HOME, was the removal of a large tumour from the arm, situated mid-way between the elbow and shoulder joints; it consisted of a fatty substance, and was, at its broadest part, nearly six inches in diameter.

In the course of the operation, a rather considerable branch of the brachial artery was wounded, which was secured by a ligature, and the wound closed by drawing the integuments together by strips of adhesive plaster.

The other case was an amputation of the thigh, by Mr. EWBANK; the incision was made three inches above the joint, and four arteries required tying.

On examination of the leg after the operation, the cartilages of the knee-joint were found to be destroyed by ulceration, though the injury of the adjacent parts was not so considerable as (Sir EVERARD HOME observed) to account for the violent pain, previously experienced by the patient.

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#### WESTMINSTER HOSPITAL.

*Saturday, May 1.*—Nothing particular has happened at this hospital to-day, except Mr. LYNN, jun operating for hydrocele, on JOHN SHADD, æt. 35. The disease had existed for some months, and had been before operated upon, but without effecting a cure. The fluid evacuated was of the colour of chocolate, and consisted of water mixed with a large proportion of blood, altogether about a pint in quantity. The sac was not injected after the operation.

*Wednesday, May 5.*—The scrotum distended as much as before the evacuation of the

fluid on Saturday last, owing to the vessels on the inside pouring blood into it; thus rendering the operation, as far as we can judge at present, completely ineffectual.

JOHN LONGHURST, who was admitted into this hospital under the care of Sir ANTHONY CARLISLE, a month ago, with a fractured patella, is recovering very rapidly; the bone is united closely, so much so, that instead of the depression felt usually in these cases on its surface, a small narrow edge is plainly perceived, thus clearly proving that the two portions of bone are adhering to each other, by an osseous deposit having taken place, and that the mode of treating such cases, by bringing the fractured parts together, is superior to any in use at the present day.

No accidents of importance have been admitted here since our last report.

#### NOTICE TO CORRESPONDENTS.

W. W. is entitled to our sincere thanks; if he will call at New Church Court he will find a letter for him.

We will comply with Y.'s request, and give a case in Latin next week.

We are obliged to γ. for his suggestion, but *bronchia*, in the plural, is not a typographical error; the Greek word from which it derives its origin is *βρογχιον*, and therefore the plural is *bronchia*---*bronchiæ* is not correct.

The Index to Vol. I. was published with the first number of Vol. II.—It is again out of print, but will be reprinted in a few days.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital,  
Monday Evening,*

*April 18, 1824.*

### LECTURE 54.

The subject of this evening's Lecture will be the Venereal Disease.

There are two poisons communicated by venereal intercourse; one the poison of gonorrhoea, which, falling upon a mucous surface, produces from that surface a discharge of matter which is infectious; the other, the poison of siphylis, which, applied to the surface of the skin, or as far as is known at present to any surface, produces inflammation and ulceration, forming a sore which is called chancre; which, being received into the absorbent glands, occasions bubo, and which being conveyed into the circulation, produces inflammation and ulceration in the throat, on the skin, the periosteum and the bones.

#### *Of Virulent Gonorrhoea.*

When gonorrhoeal matter is applied to the urethra, the following symptoms generally arise in three or four days after its application: The patient first

experiences a sense of titillation in the urethra, as if a drop of urine were contained in it. This directs his attention to the part, and he finds that the lips of the urethra are red, and that there is a slight mucous discharge.—The next circumstances which take place are these: the urethra begins to be affected with considerable heat, and he experiences pain in discharging his urine; this state is called ardor urinæ. The pain increases till it becomes in many cases excessively severe; there is an appearance of threads mixed with the urine, which arises from the adhesive inflammation in the lacunæ of the urethra. The next effect is a considerable diminution in the stream, the swollen state of the urethra contracting the size of the canal. The urine is often discharged in two, three, or more streams, in consequence of the contracted and irregular state of the urethra. At first the discharge from the urethra is mucous, but after a little time it assumes a purulent appearance. The matter becomes yellow, and if the inflammation is very considerable, green; and it is often intermixed with blood, so as to give a sanious appearance to the discharge. You are enabled therefore from the colour and appearance of the matter, to judge of

the degree of inflammation in the urethra. These are the circumstances which occur with respect to the appearance of the matter. I should observe to you that although the appearance of this fluid is purulent, it has not really the character of common pus. If you examine the discharge by the aid of a magnifying power, you will find that though there may be some few globules of pus, the greater part of the discharge is mucous. The time this matter will continue to discharge is quite indefinite. It is said that gonorrhœa will wear itself out, but it will sooner wear out the patience of the patient. I have known it continue for months, and I shall have occasion to mention a case in which it continued to be infectious during all that time. It sometimes continues for so long a time, notwithstanding all the means which may be employed for its cure, as to be an opprobrium to our art. In no case, however, ought you to rely on the efforts of nature for its cure, for in general you may very much expedite the cure by adopting a judicious method of treatment. Besides these external effects on the urethra, gonorrhœa takes also an internal course. It does not confine itself in its external effects to the beginning of the urethra, but often produces an erysipelatous inflammation of the scrotum and frænum, occasioning effusion into the prepuce and phymosis. The absorbent vessels on the dorsum penis, often become enlarged and hard, and produce little abscesses, which go on to suppuration. The glands of the

groin are sympathetically affected, and in a first gonorrhœa seldom fail to become enlarged and painful. Where this effect takes place from gonorrhœa several glands of the groin are affected at the same time, whereas in the absorption of the poison of siphylis a single gland only is enlarged on each side. Abscesses are very rarely occasioned by a sympathetic enlargement of the glands of the groin from gonorrhœa; they may almost always be prevented by proper attention on the part of the surgeon. When I say the glands of the groin are sympathetically affected I am aware that this is not a strictly proper term for this species of irritation, because the swelling undoubtedly arises in consequence of the gonorrhœal inflammation running along the course of the absorbent glands; it is a continuation of the inflammation along the course of the absorbent vessels. With respect to the internal course of gonorrhœa, the effusion in the urethra often proceeds further than the original seat of the inflammation. Swelling and suppuration often takes place in the mouths of the lacunæ; matter is very commonly accumulated in the lacunæ, and especially in the lacuna magna, which may be known by a swelling and fluctuation on the sides of the frænum. Irritation and inflammation also takes place in the corpora spongiosa, producing that painful state of the parts termed chordee, in which the penis feels as if it were bound down, so as to prevent a complete extension. The penis is sometimes curved, and some-

thra itself. When the inflammation runs high it extends down to the bulb of the urethra. Many years ago, I had an opportunity of examining the urethra of a man who was executed, and who had gonorrhœa at the time of his execution. The inflammation had extended down to the bulb of the urethra; for an inch or an inch and a half down the urethra, was exceeding red, and there was some effusion of matter on the internal surface; the urethra was red at the bulb, but not of so deep a colour. The inflammation therefore is not confined to an inch or an inch and a half down the urethra, but often extends over the bulb of the urethra, and in this way produces strictures. In the case to which I allude the gonorrhœal inflammation had extended at least seven inches down the urethra. In general on examination of a subject who has died under gonorrhœa you will find a small quantity of purulent matter at the extremity of the penis, and inflammation extending about an inch and a half down the urethra, which, if exposed to the air for 24 hours, assumes a florid redness. With

respect to the manner in which this disease is performed, I have heard some very curious and laughable disquisitions on this subject, by persons who prefer entering into such speculations to making observations for themselves. There can be no doubt that the disease is produced by the direct application of the poison to the lips of the urethra, for you will find that the first symptom which takes place is a **poising state of the lips of the**

urethra, arising from inflammation. The lips are first attacked, and the inflammation gradually extends itself to the internal surface of the urethra; the disease begins from without, and extends itself to the internal surface. So much for the manner in which the poison is received. We find that the discharge from gonorrhœa is very much affected by constitutional causes. A man shall have an abundant discharge from the urethra, considerable pain, and even chordee, and if he should get a fever, the discharge disappears, the pain ceases, and he will be entirely free from all symptoms of the disease for a period of from seventeen to twenty days. As soon, however, as he begins to recover from his fever, the discharge of matter will be removed, the pain and chordee will return, and a long time may elapse before the disease can be removed. These constitutional causes suspend the action of gonorrhœa, but the symptoms will return as soon as the constitutional irritation ceases. You will generally find the cure of gonorrhœa difficult in proportion as the constitution of the patient is disposed to strumous affections. If a patient has pimples in his face, enlargement of the glands of the neck, a thin delicate skin and irritable fibre, you may expect to have great difficulty in curing him of gonorrhœa. I shall now proceed to speak

#### *Of the Treatment of Gonorrhœa.*

The treatment of gonorrhœa is founded on two principles; the disease may be either treated

simply by diminishing inflammation, or it may be treated by producing a change in the action of the part, by which the disease is removed in a short period. These are the two principles on which surgeons act in the treatment of gonorrhœa. In the first place, gentlemen, let me observe to you that no greater folly, and indeed cruelty, can be committed, than that of giving mercury to patients for the cure of this disease. A man who gives mercury in gonorrhœa really deserves to be flogged out of his profession, because he must be quite ignorant of the principles on which this disease is to be cured. To give mercury to a young and irritable person, who is probably constantly exposed to vicissitudes of temperature for a disease which does not require it; thus exposing the health and even the life of the patient to danger, is in the present state of our knowledge, perfectly unpardonable. It is lamentable to reflect on the number of lives which must have been destroyed by pthisis and otherwise, in consequence of the imprudent exhibition of mercury for a disease which did not require it, which prevailed among the older surgeons. At the present time, however, a surgeon must be either grossly ignorant, or shamefully negligent of the duty which he owes to the character of his profession, and to the common dictates of humanity, if he persists in giving mercury for this disease. Let those persons who suppose that gonorrhœa can be cured by mercury, go round our wards and see

whether mercury has any effect on that disease. Look, gentlemen, at 100 patients in our foul wards, many of whom come into the Hospital with siphylis and gonorrhœa, and many, I am sorry to say, who have only gonorrhœa, but who are invariably carried to these wards. What is the miserable treatment of these patients? You are aware, gentlemen, that I scarcely ever enter the foul wards of the other hospital;—when a particular case demands my attention, I have the patient removed to a clean ward. I will tell you why I do not enter these wards, gentlemen. I abstain from entering them, because patients under gonorrhœa are compelled to undergo so infamous a system of treatment that I cannot bear to witness it. To compel an unfortunate patient to undergo a course of mercury, for a disease which does not require it, is a proceeding which reflects disgrace and dishonour on the character of a medical institution. No consideration shall induce me to repress my feelings on this subject—no authority shall restrain me from giving full expression to those feelings. As long as I continue a surgeon of Guy's Hospital, I will endeavour to do my duty, but I care not whether I continue a surgeon of that Hospital another day. I do say that the present treatment of patients under gonorrhœa in these Hospitals, by putting them unnecessarily under a course of mercury for five or six weeks, is infamous and disgraceful. The health of a patient is perhaps irremediably destroyed by this

very much the inclination to make water, it should not be persisted in; if it does not produce this effect, it is a very excellent diluent. The penis should be suffered to hang for a considerable time in warm water, which will relieve the inflammation, and produce nearly all the good of a warm bath. When the ardor urinae and pain from chordee is very severe, twenty drops of the liquor potasse, with from three to five grains of the extraction of conia, in the *mistura camphorata*, may be given with considerable advantage. This is the plan which you should pursue during the first week. You may then apply lint dipped in the liquor plumbi subacetatis, to the part. Do not use an injection in the first instance, but pursue the plan I have pointed out to you during the first ten days. At the end of this time, when the inflammation has in a great degree subsided, you may begin, by giving the patient the *balsamum copaibae*. An ounce of the balsam may be mixed with an ounce of the mucilage of acacia and four ounces of the *mistura camphorata*, and a table spoonful given morning and evening. Having given this mixture for two days, the discharge will be very considerably diminished, and you may then order an injection of the liquor plumbi subacetatis dilutus. This is the mode, gentlemen, in which gonorrhœa as far as I know, is to be cured in the safest and most expeditious manner. In the third week I continue to give the *balsamum copaibae*; and the best injection which can then

be employed is the liquor plumbi subacetatis dilutus, with the sulphate of zinc.

R: Sulphatis Zinci, gr. vi.

Liq. Plumbi subacet. diluti, ʒiv.

By this plan you will generally succeed in curing a gonorrhœa safely and expeditiously. If, instead of using an injection, you suffer the discharge to run on, week after week, you will be almost sure to lay the foundation of stricture.

If a patient apply to you for a second or third clap, you will not proceed in this way, but give him the balsam of capivi immediately, which will in general put a speedy stop to the discharge. The inflammation of a second clap is comparatively slight, and in general it will only be necessary to give the balsam *copaibae* for a week, and then begin with the injection of the liquor plumbi subacetatis dilutus, and the sulphate of zinc. In a first clap it is better to begin with the liquor plumbi subacetatis dilutus in the first instance, because this is less irritating, and afterwards to use it in combination with the sulphate of zinc. The treatment which is necessary to subdue inflammation in a first clap is in general entirely unnecessary in subsequent claps.—Various other injections are employed in the treatment of gonorrhœa; half a grain of the sulphate of copper in an ounce of rose water is a powerful injection; a solution of the oxy muriat of mercury makes a very irritating injection, if of any strength, and should not be



resorted to in the first instance. It is used in the proportion of one grain to twelve ounces of distilled water. You should feel your way in the use of irritating injections; if they produce much inflammation, you should suspend the use of them; and if, on the other hand, they excite no pain at all, you may gradually increase their strength. Do not continue the use of the same injection, if it does not answer the purpose very quickly; for you will otherwise be only laying the foundation of stricture. It is much better to vary your injection, than to persist in the use of the same injection, if it does not very speedily put a stop to the discharge. It will often happen that a patient will continue for a length of time under the hands of his surgeon without getting rid of the discharge.—If a patient should come to you under these circumstances, what I recommend you to do is to begin immediately the use of bougies with injections. The use of bougies will increase the discharge for a time; but being combined afterwards with the use of an injection of the sulphate of zinc will generally succeed in effecting a cure. With respect to the number of times the patient should inject, three or four times a day will be quite sufficient. As to the strength of the injection, it should be increased so as to produce a slight degree of irritation; but it is better to vary the injection, than to increase its strength in any great degree. There are other means of curing gonorrhœa by producing a change in the ac-

tion of the urethra, as for instance, by the use of cubebs. I remember the time when this remedy was much ridiculed, but there is now no surgeon of the least experience who does not acknowledge that it is a very powerful remedy in this disease. The value of this remedy may be known by applying to any merchant with respect to it. A short time ago it was introduced into this country in very small quantities; but now, such is its acknowledged efficacy, that whole ship-loads of it are annually brought into the port of London. I do not say that it would be advisable to employ this remedy at once for a first gonorrhœa, where the symptoms of inflammation run very high in a young and irritable person; it is better not to begin with the use of it until a week or ten days have elapsed, and the inflammation is considerably reduced. I will tell you how I first learnt the value of this remedy: a gentleman from Java, who had lived for some time in Batavia, entered my room, and unbuttoning his clothes, immediately shewed me the part about which his mind was uneasy, and asked me whether I thought a sore upon it was venereal. I said certainly not. He said he was glad to hear it, for if it had been a chancre, he should have supposed that it had been produced by his curing a gonorrhœa very suddenly. He was running away very hastily, when I requested him to tell me how he had cured his gonorrhœa so suddenly. Why he said by cubebs. Cubebs, said I, what is that? for I had really at that

time never heard of such a thing. Why, said he, it is a species of Java pepper, and if you like I will send you a bottle of it. I said I should be obliged to him; he accordingly sent me a small bottle of it, which I put into my desk, where it remained, without my thinking any thing more of the circumstance. Two or three months after, he came to me again, and said that as he had a severe gonorrhœa, he should be obliged to me, if I had any of the cubebs left, to let him have a little of it. This was on Thursday: I gave him the bottle, and after examining the state of his gonorrhœa, which was very severe, I requested him to let me see him on the following Monday. He came to me on that day, and the discharge was quite gone. This excited my attention, and I began to think that it must be a medicine of great power. Very soon after, a gentleman came to me, and said that as he was going to give a very large dinner party, and should be obliged to drink a great deal of wine, he wished to be cured of a clap immediately. I told him I could not promise to do any such thing, but if he liked I would give him a remedy, which a gentleman from Java had used with great success, and I then related to him the circumstance which I have just mentioned. The gentleman said he would try it, and he should prefer it to the balsam of capivi; of which the people in his house knew the smell. (A laugh). He began taking two drachms three times a day on a Tuesday, and on Wednesday

week after, the discharge not having entirely disappeared, he called on me to know whether he might take wine the next day, when he was to give his dinner-party. I told him I saw no objection to it, and the effect of the wine he drank on that day, added to the cubebs, completed his cure, for the discharge did not return afterwards. Cubebs appears to produce a specific inflammation of its own on the urethra, which has the effect of superseding the gonorrhœal inflammation. They who have tried cubebs, and do not acknowledge its value, as a remedy for gonorrhœa, cannot have made any accurate observations on the subject. It is a remedy of a most admirable and useful kind, and may be given with advantage even in the inflammatory stages of gonorrhœa, provided the inflammation does not run excessively high. It is a most useful remedy also for the cure of gleet, as it is called, where gonorrhœa has continued for a great length of time. In the very early stages of gonorrhœa, when the inflammation is just beginning, it often succeeds in removing the disease in a very short space of time. I have one more observation to make with respect to this remedy, namely, that the greatest advantage may be derived from combining its use with that of the balsam of copaiba. An ounce of the balsam of copaiba, an ounce of the mucilage of acacia, and two drachms of cubebs in four ounces of the *mistura camphorata* makes an admirable mixture when the balsam of copaiba alone is beginning to lose its effect. Such,

gentlemen, as it appears to me, is the mode of treating gonorrhoea which will best contribute to the maintenance of your own professional character, and to the welfare of your patients.

## LONDON COLLEGE OF SURGEONS.

### COURT OF EXAMINERS.

"Gentlemen, ye are egregious asses and dirty hucksters."

It is our intention in the present article, to examine the law that has lately emanated from this body corporate, in order to show how absurd it is in principle, and how injurious it must inevitable prove in its consequence, to the interests of science. The motives which have given rise to this measure are so ostensible, that no individual can be mistaken respecting them, and on this account an universal feeling of indignation has been excited throughout the profession at a body, which could venture so far to bid defiance to public opinion, as to enact a measure, the only object of which is to enrich those who have passed it. It will be worth the while before we proceed any further, just to see what the College has advanced

on behalf of the regulation in question, it is as follows:—

"The COURT OF EXAMINERS in pursuance of their duty, to promote the cultivation of sound chirurgical knowledge, (*mark, O reader!*) and to discountenance practices which have a contrary tendency, have resolved,

"That all certificates of attendance at lectures on anatomy, physiology, the theory and practice of surgery, and of the performance of dissections, be not received by the Court, except from the appointed Professors of Anatomy and Surgery in the Universities of Dublin, Edinburgh, Glasgow, and Aberdeen; or from persons teaching in a school, acknowledged by the medical establishment of one of the recognized, or from persons being Physicians or Surgeons to any of those hospitals."

First, we shall examine how far this measure is capable of promoting the cultivation of sound chirurgical knowledge, and discountenancing practices which have a contrary tendency; and, secondly, shew that it is very unlikely the College of Surgeons, constituted as it is at present, will ever pass any laws or regulations that can effect so desirable an object.

Sound chirurgical knowledge can only be promoted by allowing the greatest possible freedom of competition between surgical and anatomical teachers. This proposition is as true in science, as it is in political economy, that a free trade is most advan-

tageous to a country. If it be for the advantage of a country that commerce should be unrestricted, in order that the people may be able to get those commodities which are the best and cheapest, is it not equally for the benefit of science that no restriction should be laid on the communication of knowledge? By allowing one man to compete with another in the way of affording instruction, a stimulus to exertion is held out to all who enter the list, and the result is, that the individual who possesses most information and is able to communicate it best, will be most handsomely remunerated: the advantages accruing from competition to those who seek instruction, is, that by means of it they obtain better information than they would if there had been no competition; and to science that an inducement is offered to individuals to advance it, by the remuneration they derive from their exertions. One would think it quite needless to prove what is almost self-evident, if the regulation of the college which has called forth these remarks, was not in direct opposition to it. What say the Court of Examiners; — " We will receive no certificates of attendance on certain lectures but from hospital physicians and surgeons, the appointed professors of anatomy and surgery to 4 universities;"\* then comes a phrase, the exact meaning of which we are scarcely able to understand from the vagueness with which it is expressed; "and persons teaching in a school acknowledged by the medical establishments of one of the recognized hospitals." Thus the Court of Examiners say we wish to uphold the dignity of the profession, and therefore have determined only to receive the certificates of certain individuals, whom we think most competent. But why do the Examiners think the hospital surgeons most competent persons to instruct? Is it because they possess such valuable opportunities? But do we not all know that men with the most extensive means of improvement will not avail themselves of them to their own advantage, or that of others, unless they have a motive, and that by preventing competition, you remove the most powerful motive that can

\* It is a fine joke that men who are unable to express their ideas either intelligibly or grammatically, should legislate for the whole profession!

act on them? But no, gentlemen, you have been, or are still hospital surgeons yourselves, and therefore you have passed this measure for your own advantage and that alone; but in justification, it may be urged that the certificates of "persons teaching in any school acknowledged by the medical establishments of one of the recognized hospitals" will be received, but as the teachers of the recognized hospitals have the power of not acknowledging any person who may be likely to excel them, it is quite a farce to pay the slightest attention to this assertion. It is expressed in a clause which has a very ambiguous meaning, and apparently inserted merely for the purpose of drawing the attention from the real object of the regulation. The court of Examiners, instead of encouraging competition among surgical or anatomical teachers, by this measure, attempt to discourage it in every possible way, and we have proved that by competition alone can sound chirurgical knowledge be promoted, therefore the tendency of this regulation being to prevent competition is to prevent the advancement of surgery.

Sound chirurgical knowledge

will be promoted by affording an inducement to men of talents and genius to enter the profession, and become surgical or anatomical teachers; an inducement which this measure has entirely taken away. If this regulation had existed seventy years ago, one of the brightest ornaments of the profession\* would probably have been prevented from becoming a teacher, and the good which mankind has derived from his labours, have been lost. This measure is calculated to deter men of talent from embarking in a profession, the chief honours of which are to be awarded to some dozen individuals who obtain their situations through private influence, and some, without one single claim to justify their election. Many who have already embarked in it will be compelled to give up the idea of pursuing a particular branch of it in which their labours might have been usefully employed. The cases which we are now mentioning are not simply imaginary; owing to this measure they will occur, and, perhaps some have already occurred. There is connected with this affair, an individual

\* JOHN HUNTER.

for whom we have been accustomed to entertain a high respect—we allude to the distinguished Professor of Surgery at St. Thomas's Hospital: by sanctioning this measure he has cast a slur over his character, which all his professional attainments will not be able to efface. It is lamentable to see a man, by one single act, forfeit what has cost him a long life of labour and exertion to acquire—viz. the esteem of mankind; but if Sir ASTLEY COOPER does not openly discountenance the measure he will see, perhaps when too late, that a reputation may be more easily lost than acquired.\*

The COLLEGE of SURGEONS constituted as it is at present, is not likely to pass any measure calculated to benefit the profession. This may be readily inferred from looking at the absurdity and injurious tendency of the laws which this body has already passed, but the proposition admits of being easily proved. It may be laid down as a general principle, that one man will attend to his own in-

terests in preference to those of any other person, and it is exactly the same with any set of men. If a few individuals be appointed to watch over the concerns of a large body of men, it is quite necessary, in order to secure upright conduct on their part, that the interests of these few should be identified with those of the many.

This is incontrovertible, and it only remains to be inquired how far the interests of the COURT OF EXAMINERS are identified with those of the profession, over the concerns of which it presides? This may be soon ascertained. In what manner are the EXAMINERS elected? Are they elected by the profession or any part of the profession whose interests are equal to those of the whole, and are they responsible to the profession at large for their conduct? Neither the one nor the other. Elected to a situation, which the majority of them are unable to fill, by a few individuals; and armed with power for the exercise of which they are responsible to no tribunal but that of public opinion, and only to this, of late, the EXAMINERS have

\* We make these personal allusions because, if report speaks true, Sir ASTLEY COOPER, in conjunction with Mr. ABERNETHY and Mr. CLINE, has been the chief promoter of this measure.

the strongest temptation to employ all the means they possess to their own advantage: and the regulation which we have inserted above, illustrates the truth of what we assert.

As a scientific body, we do not believe that a more contemptible one exists than the Court of Examiners. Some of them have been politely declared incompetent to fulfil their duties as hospital surgeons, and all have proved themselves unworthy of the trust which is reposed in them. The fear of public opinion has compelled them to exempt from the operation of this law, those anatomical teachers in the metropolis who are already established, but not connected with any hospital: this, however, only lessens in a slight degree the injurious tendency of the measure, whilst it has the effect of diminishing the opposition which may be offered to it. But we hope that the profession will exert itself in some manner or other, on this occasion, or we shall see the three corporate medical bodies intriguing with each other, for the purpose of degrading it still more than they have done; and probably shall next hear that the worshipful

Company of Apothecaries refuse to take certificates of attendance on medical lectures, but those delivered by the fellows of the College of Physicians. We shall shortly return to the subject again.

### CHEMISTRY.

"Bodies passing from a denser to a rarer state absorb caloric." We promised, in our last number, to state some experiments in favor of this law before we pointed out our objections to its application. We shall therefore state them at once. Mix together some powdered Muriate of Ammonia, (sal ammoniac) and water; the sal ammoniac will soon dissolve, or, in other words, rapidly pass from a solid to a fluid state, and a great absorption of heat takes place: so much so as to produce a temperature many degrees lower than before the mixture. Nitrate of potassa, (nitre) will also produce a similar affection in the temperature of the mixture in which it is dissolved, or rather when dissolving. Nitre & sal ammoniac, when judiciously mixed together and thrown into just sufficient water to dissolve them, produce a degree of cold, capable of freezing water in the

midst of summer. This may be proved, by introducing a thin tube or other vessel of glass, containing water, into a mixture of powdered sal ammoniac and nitre, and pouring on the mixture a small quantity of water; the water in the tube will be frozen in a few minutes. While mentioning this experiment; we may observe, that we strongly recommend this process for cooling wine in summer. We speak confidently on the subject, because we have been in the habit of employing it whenever we indulge ourselves with drinking cooled wine in the height of summer. The process is one by which we are enabled to produce any degree of temperature we can desire for this purpose. All that is necessary to be done to cool wine by this process, is to put the bottle of wine in a common wash-hand, or other basin, with a mixture of sal ammoniac and nitre, and to pour a little water on the mixture just round the bottle. The wine in about half an hour will have sufficiently cooled for drinking. This method is also inexpensive, as the same salts may be used over and over again: The solution of the salts, after they have been used for cooling the wine, may be evaporat-

ed by placing them in the sun, where they will soon crystalize and be ready again for use, as at first. No loss will take place, therefore, no expence, after the first cost of the salts (about two shillings) will be incurred. We have often been surprised that this plan is not more commonly employed than it seems to be, for with the exception of one friend, we know of no one who adopts it. We therefore notice it in this place, trusting that some of our readers will try the experiment, as a matter of science as well as of personal convenience.

Common salt and snow when mixed together soon become fluid, and so much heat is absorbed by this change of form, that the thermometer falls, when introduced into it, 32 degrees below the freezing point of water. This was the greatest degree of cold that Fahrenheit produced, he therefore fixed his zero at this point;—hence the reason why the freezing point of water in his thermometer, which is generally used in this country, is placed at 32°. More recent experiments, however, have enabled philosophers to sink the degree of cold by artificial means 50° below the zero of Fahrenheit, which is 82° below the freezing point of water. This



is done by mixing crystals of three parts mur. of lime and one of snow. In all experiments of this kind the cold is said to be produced by the passing of solid bodies to the fluid state.

The passage of fluids to the æriform state, is found to occasion a great absorption of heat. Thus water heated to 600 degrees under pressure, will fall to 212° when the pressure is removed and a portion of the water is enabled to assume the state of vapor, in which state it absorbs that extra portion of heat which caused the water to indicate 600° before the small portion which forms itself into vapour could assume this form. The fall of temperature, effected by the conversion of a small portion of water into steam in this case is 388°. Evaporation produces cold whenever it takes place, in consequence, it is said, of the fluid assuming the æriform state. Thus æther, by its evaporation from the bulb of a thermometer, sinks it to 32° in the height of summer. Spirits of wine acts in the same way; hence the reason why the hand always feels cold when spirit is poured on it. Water also by evaporation produces cold, and for this reason it is sprinkled over the outside of the tents in the East Indies. Common wine coolers, butter coolers, &c. owe their value to this circumstance, for the composition of which they

are made is porous, and therefore evaporation of the water which cozes through to their surface, is always taking place, and reducing the temperature below the mean of the apartment, in which they are placed. We have observed the spontaneous evaporation of water, from the bulb of Mr. Gurney's thermometer, to sink the fluid in the stem three inches. Water may be frozen under the exhausted receiver of an air pump, because evaporation in vacuo takes place very rapidly from the surface, which carries off so much heat from the surrounding media as to freeze the water. These facts and experiments favor the theory of latent heat. Our reasons for opposing this doctrine, we must defer until next week.

#### CHEMICAL TEST OF THE PRESENCE OF ACETATE OF MORPHINE.

We perceive from the *Gazette de Sante* that M. DUBLANC, Apothecary at Paris, has announced to the ACADEMY OF SCIENCES that he has discovered in the tincture of galls made with alcohol a most accurate test for ascertaining the presence of Morphine in liquids which contain that substance whether it be in combination with the acetic or sulphuric acids, or even, which proves the value of the test, if it be uncombined with any acid; for then it must be in very small quantities on account of the difficulty of its solution. The tincture of galls will be a test much preferable to Ammonia, the action of which is founded on the greater affinity that it has for the acids with which the morphine may be united: M. DUBLANC has simply announced the

fact in order to state his claims to the discovery, and promises in a short time to publish a work on the subject.

In consequence of the importance of the subject we have made a great many experiments on the acetate and sulphate of morphine, and simple morphine itself, in order to ascertain the comparative value of ammonia and tincture of galls as tests for discovering the presence of these substances, and we think that we have discovered a test preferable to either.

In a solution of the acetate of morphine, we presented the end of a clean glass rod on which was adhering a drop of Tincture of galls, as prepared and sold in the shops.—no precipitate whatever was produced. A drop of the tinct. of galls made with *pure alcohol* was now presented to the solution of acetate of morphine, and a white precipitate immediately fell in the test glass; supposing it possible that this precipitate was occasioned by the liberation of the extra portion of galls which the pure spirit had taken up, we dropped some of it into water, but no precipitate occurred; so that the precipitate just noticed must have been produced by the presence of morphine.

In another portion of the solution of acetate of morphine, we added a drop of the liquid ammonia; a very white precipitate was produced, which from its appearance we judged to be a Hydrate of Morphine, because it differed in appearance from Morphine, mechanically suspended in water, and also from that precipitated by the tincture of galls. The precipitate formed by the tincture of galls had the exact

appearance of morphine in colour &c. as it had before its union with the acetic acid. Liq. Potassa was now added to a solution of the acetate of Morphine, and it produced a precipitate exactly similar to that effected by the tincture of galls. Soda water also produces the same.

The hydrosulphuret of potash produced a dense white precipitate when it was dropped into a solution of acetate of morphine, but this was not at all characteristic of the presence of morphine, it being the same as that which is produced when it is dropped into distilled water. The hydrosulphate of ammonia, and hydrosulphate of lime, were employed alternately but produced no peculiar precipitate.

Solution of Manganese

Ditto Platina.

Oxalate of Ammonia.

Acetate of lead.

Nitrate of silver.

Sulphuretted hydrogen.

Barytic water.

Lime water, &c.

were tried respectively with the solution of morphine, but occasioned no precipitate whatever. We now tried the solution of Iodine, it occasions a dense brick red precipitate immediately on touching the solution. This precipitate had rather a reddish brown appearance when viewed by reflected light; but deep red by transmitted light.

Several other tests were employed without producing any effect worth noticing.

The solution of the sulphate of morphine was tested by all the substances above enumerated. The tinct. of galls, sol. ammonia, and also potassa produced the same precipitates as

they did when applied to the acetate. The others produced no precipitates different from those with the acetate, except what might be accounted for by the presence of sul: acid.

Iodine immediately produced the same red brick coloured precipitate as that already described with the acetate of morphine. To a part of this precipitate we added a few drops of liq. potassæ and it changed to a light red; to the other part a few drops of ammonia were added, and it changed it to a perfect white.—The precipitate produced from Iodine, on the acetate of morphine, was now tested by the liq. potassæ, and also by the ammonia and we found that it was changed yellow, or rather straw colour, by both.

Morphine was rubbed with water and allowed to remain twelve hours in it, when the water was filtered, to this solution neither galls ammonia, potassa, or soda produced a precipitate nor even the slightest cloud, but Iodine immediately changed it to a deep red. To satisfy ourselves that the red color was not produced by any accidental circumstances connected with the solution of Iodine, we dropped it in pure water—no change of colour was effected.

The muriate, citrate, and nitrate of Morphine, all produced a brisk coloured precipitate when a drop of the Sol. of Iodine was added to them. From these experiments we are led to believe, that Iodine is a delicate test for Morphine and much superior either to Ammonia or the Tinc. of Galls, because it detects the smallest particle in water, and because the ammonia and

galls produce similar precipitates with many other substances, particularly (and which makes it more unsatisfactory) with poisons. The tincture of galls dropped into a solution of *Barytes*, which is severe poison, produces the same white precipitate that it does with morphine. When tincture of galls is dropped into a solution of *lead*, which also is poisonous, it occasions a similar precipitate to that produced from a solution of morphine, whether the acetate, citrate, or a simple solution of lead in a weaker acid be employed. Solution of *copper*, also poisonous, occasions the same coloured precipitate with tincture of galls with solution of *silver* it also produces the same. Iodine on the contrary differs in all these poisonous substances. May it not, therefore, be regarded as more valuable than either of the tests hitherto noticed?

#### ST. THOMAS'S HOSPITAL.

John W. aet 21. was admitted into this hospital January 15th 1824, with a disease of the wrist: by trade a baker, and consequently of very irregular habits going to bed at ten and getting up at three, and sometimes staying up all night, not addicted to the use of spirits, has sharp features, black hair and eyes. Says that about eight or nine months ago he was seized with a severe pain in his left hand which came on once or twice a day and continued for 5 minutes. It remained in this state for three months, the man following his occupation during the whole of this time, when he was at last

obliged to discontinue his work and apply to a surgeon. The pain at this time had considerably increased, the hand was red and swollen, and its motion considerably impaired. Not deriving any relief from the means which were employed, he came to the Hospital in order to see whether any thing else could be done. A day or two after his admission, the hand was blistered, and the patient directed to take opening medicine, but about a week after this it was discovered that he had three small chaneres on the penis, which he had not disclosed to the surgeon, because he feared that his parents might hear of it they had existed for a little more than three weeks. Five grains of blue pill were now ordered to be taken morning and evening, and black wash to be applied to the sores; these got well in a few days but the pills were continued for near two months. The emplastrum ammoniaci cum hydrargyro and blisters were tried, but without any good effect; the hand increased in size, and within the last six weeks has been very painful. His general health, which to this period had been unimpaired, became deranged; he was obliged to keep his bed, his appetite failed him, and he began to waste in body. As it was suspected that matter was forming in the hand, poppy fomentations and poultices were applied to it, and shortly after this, an abscess formed on the inside of the wrists, just opposite to the joint, which burst and discharged a small cup-full and half of matter. Through

the opening here formed, matter continued to be poured out, and for some little distance around, the skin ulcerated, and a wound formed. This discharge being considerable; his general health becoming daily worse; and the limb more painful, it was considered that the only plan to be pursued for the safety of the patient was to remove the arm. This being stated to him, on Monday, (May 3d) he replied he was willing to undergo any operation that was necessary. He left the hospital on that day for the purpose of seeing his friends, and returned on the following Thursday. On the next day (May 7th), having previously taken some opening medicine, he underwent the operation. The hand was removed in the usual manner, about three inches and half below the elbow. Three ligatures were applied; not much blood was lost. No tourniquet was used; the brachial artery being compressed by an assistant. The operator was Mr. Tyrrell. The limb was carefully examined afterwards, when there was found beneath the cellular membrane, throughout its whole extent, a gelatinous substance, which in some places was quite liquid; the ligaments were converted into this substance, and most of the bones of the carpus had undergone a similar change; even the lower part of the radius was also affected. From this examination it is very apparent that the operation was absolutely necessary.

Saturday, May 8.—Took an anodyne last night; slept very

little. Pulse 104, full; tongue dry, but clean; thirsty. Stump easy, and resting on a pillow, over which a fracture box is placed, to keep the clothes from it; cloth wetted with the spirit wash applied to it. Allowed to take nothing but a little toast and water or barley water.

May 9.—Sleep disturbed by the tooth ache; tongue clean and moist; bowels open once since the operation; stump quite easy.

May 13.—The patient is going on remarkably well; the stump has not yet been dressed, but it is quite free from pain. His health is improving.

The two patients operated on for stone a few weeks ago by Mr. TYRRELL are nearly recovered.

Maria B. æt. 14 in cameram dictam il . . . . . curante Do. T. . . . . 23, 1821, admissa est. Ancillæ officii olim fungi solebat. Statura ejus fere quatuor pedum; corpus macilentum; vultus pallidus; capilli oculique subfusi. Salus generalis, ut dicitur, olim pessima, hodie vero haud multum turbata. Fluxus purulentus è vaginâ laborat. Dicit ægrotans se tribus ab hinc annis in domo mercatoris ancillam vixisse; juvenemque in eâ domo conservum die quodam se, an quid esset coitus noverit, interrogasse. Negavit puella, statinique juvenis sibi, prout dicit, invitæ reluctantique florem virginittatis tenera illâ ætate intactam abripiit. Quarto post die fluxus vaginalis purulentus coloris fere viridis apparuit; ardorem urinæ, multumque dolorem circa inguinis

regionem ambulando experiebatur. De hoc morbo anum certam consultit, quæ ei magnum pilularum numerum administravit. Pilulæ, ut videtur, ex hydragyro compositæ erant, quia os ægrotantis cito afficiebatur. minime tamen cessavit fluxus vaginalis purulentus; color ejus interdum viridis, interdum luteus fuit; restitit dolor magis minus veacutus urinam reddendo. Duobus fere post annis Londinam venit, hæc enim rure acciderant; eo tempore balsamum copaibæ, quod ex nosocomio sancti Bartholomæi obtinuerat, fluxum vaginalem aliquantulum diminuit. Postea in nosocomium Sancti Thomæ admissa est, curante Do. TRAVERS, die Feb. 12, 1824. — Hic restitit duos fere menses; medicinas aperientes pro re natâ, et pilulas terebinthinæ ter die cepit. Hoc modo morbus mitior reddebatur; fluxus tamen, ubi nosocomium reliquit, haud cessaverat. Haud longo post tempore omnia morbi symptomata redierunt, iterumque in nosocomium S. Thomæ admissa est. Præter fluxum vaginalem octo ab hinc mensibus morbo nasi gutturisque laboravit. Ossa nasi aliquantulum densata sunt; dolorem habet ægrotans, si alas nasi digito tetigeris. Fluxus est purulentus è naso similis fluxui vaginali; guttur dolore afficitur. Dicit ægrotans se nunquam ulcera in pudendis habuisse, affirmatque se nunquam post primum infelicem coitum virum aliquem in concubitu admississe. Symptomata hodie sunt fluxus purulentus copiosus è vagina: similis fluxus è naso; ossa nasi dolore affecta; guttur dolore haud vero ulceribus

affectum, uvula relaxata; tonsilla dextra distensa; fauces rubidae, mucique secretionem reddentes; appetitus malus, sitis; dolor capitis, praesertim cum fluxus vaginalis diminuitur. Dolor sinistra regione hypochondriacâ. Menses nondum apparuerunt. Hoc tempore capit infus. gentianæ compos. 3 iss ter die; pulverem rhei compos. 3 i. quotidie.

### ST. BARTHOLOMEW'S HOSPITAL.

The accidents which have been admitted this week, are, on the men's side, a fractured arm, broken ribs, fracture of the radius of each arm, caused by the hind flap of a cart falling on them, and a man very severely bruised by falling out of a water cart. On the women's side, have been admitted, a burnt child; a compound fracture of the arm; and this evening, (May 13th) a woman with compound fracture of the tibia of the right leg; it was occasioned by the wheel of a cart passing over it. The integuments were lacerated in two places, but not by the protrusion of the bone.

In the account of the *post mortem* examination of him SMITH's case, we omitted to state that the pelvis was fractured, and that the bladder was exceedingly distended.

### MIDDLESEX HOSPITAL.

[Continuation of the case of Daniel Leary.]

May 5th.—The wound was again dressed to-day, and looked

extremely well; pus is discharged from it, and healthy granulations are perceptible both on the scalp and dura mater. The fractured frontal bone has at the same time materially improved in appearance, and now looks healthy red and vascular, instead of the death white or leuco-cerulean aspect it has hitherto exhibited. On the right side adhesion has taken place partially between the scalp and cranium. Pulse 76, weak; tongue clean; bowels open twice; composed and comfortable. Mixtures as before.

May 6 and 7.—No particular alteration. The same appearances on being dressed, and the same symptoms and treatment as already noticed.

May 8.—Pulse 84, weak and inelastic; strength considerably reduced; skin rather hot and dry; tongue furred but moist; has had five or six alvine evacuations during the night. To-day he is very restless and uneasy, and complains of pain in the chest, and extending also from the back of the head downwards throughout the chain of the vertebræ. Wound dressed, and looks well; healthy granulations on the scalp and dura mater. The former mixture discontinued.

R: Tincturæ opii m v.

Spiriti ætheris nitrici 3 j;

Misturæ camphoræ 3 iss fiat haustus ter die sumen du.

In the evening he had a severe rigor which lasted half an hour. Skin hot and dry, and the patient complained of a sensation of great cold. Pulse too indistinct to be numbered; tongue furred; nausea. No particular

pain in the head; very thirsty. A draught of Hoffman's anodyne and tincture of opium in camphor mixture was given him, which produced a termination of the rigors. Some time afterwards his pulse was 103, jarring to the finger. Skin hot and dry; tongue furred; sensorium not affected. Draughts continued.

May 9.—Passed a restless night, and had a return of the rigors this morning. Pulse 106; tongue furred of a dirty white colour in the centre—red at the edges. Wound dressed to-day; a great quantity of good pus is discharged from it, and both the dura mater and scalp are forming healthy granulations. He has some pain in the head, with disquietude and anxiety at times. Skin hot and dry; mouth slightly sore; bowels open yesterday evening copiously; rather dejected but perfectly sensible. Former draughts discontinued.

R: Vini ipecacuanhæ m. x.

Liquoris ammoniæ acetatis,

Misturæ camphoræ aa ʒj;  
ſat haustus quartis horis sumendus.

R: Calomelanos gr. iii.

Pulveris antimonalis gr. iii  
ſat pilula omni nocte sumenda.

Hirudines quatuor pone singulum aurem.

May 10.—Pulse 88, weak; has passed a restless night; tongue furred; skin rather dry; complains of great pain in the chest, and particularly at the articulation of the right clavicle with the sternum, and at the cartilaginous portions of one or two of the ribs lying below it. His breathing rather difficult and accompanied with a slight

cough. Emplastrum, lyttæ ad dextrum latus sterni, and a flannel rib roller was applied.

Persistat in usu haustus super præscripti addendo vero singulis tincturæ scillæ. m. x.

May 11.—Pulse about 90;—tongue a little furred; bowels regular; skin more healthy; wound dressed, and exhibited the same appearances; pain in the chest diminished. There is a considerable prostration of strength at present, which naturally arises from the great quantity of pus elaborated, and from the low diet to which it has been necessary to restrict him.

Erratum in the report of this hospital in our last number—page 188—2nd column, 4th line from the top, for "temporal" read "frontal."

May 12.—A few cases of fractured thigh and other accidents have been admitted at this hospital since our last report. Yesterday a boy, æt. about five, was brought here in a dying state from the horses of a carriage having trampled on him. A great quantity of blood had been discharged by the mouth, and he died in a minute or two after his admission. The cranium was the seat of the injury, which was fractured on both sides. The scalp was not lacerated, and did not, till sometime after death, exhibit the least appearance of injury. His friends would not allow an examination of the body. It is most probable, however, the base of the skull was fractured, and that internal hæmorrhage was the immediate cause of his death.

# ST. GEORGE'S HOSPITAL, FRIDAY, MAY 7.

A cancer was removed from the lip of a man, aged 45; it had existed for two years, and had began to ulcerate at its inner and superior surface.

Mr. JEFFERIES, who operated in the absence of Sir EVERARD HOME, first ran a sharp pointed bistoury through the lip, just below the seat of the cancer, and carried it upwards, along one side of it, till an incision was made to the top, and the lip quite divided; this being repeated on the opposite side, a triangular piece of flesh containing the disease, was removed. Of course the inferior coronary and labial arteries were cut through in the operation, but they did not require to be secured with a ligature, as the bleeding from them had ceased before it was completed. The divided edges of the lip were brought in contact by four stitches of the interrupted suture, and strips of adhesive plaster were afterwards placed over them.

Monday, May 10.—No operation took place at this hospital to-day.

# WESTMINSTER HOSPITAL SATURDAY MAY 8.

Mr. WHITE removed the leg of Christopher Natron, a little boy, nine years of age, and much emaciated, who stated that the disease (which was a scrophulous enlargement of the knee-joint) had existed for eighteen months. About six or

seven weeks ago, the patient had nearly sunk under the disease; but his general health being now somewhat improved, no hopes of a cure being effected, and a strong desire on his part for the amputation existing, concurred to induce the surgeons to determine upon an operation.

Mr. WHITE operated in the usual manner, by the circular incision, three inches above the joint; owing to the arteries being extremely small, great difficulty was experienced in finding some of them, which, nevertheless, continued bleeding, and 5 or 6 were obliged to be tied, so that the patient was ten minutes or a quarter of an hour upon the table, after the commencement of the operation, before it was completed. The limb being much emaciated a tourniquet could not be easily used, and Mr. GUTHRIE compressed the arteries with his fingers.

Sunday May 9.—Little pain in the stump; patient slept well in the night; pulse as before the operation—110.

Monday, May 10.—The patient much the same as yesterday.

Tuesday, May 11.—The patient complains of no pain; has slept pretty well the last two nights. Pulse 120 and feeble.

Wednesday, May 12.—The patient, in every respect, the same as yesterday.

We omitted to state in our last number, the manner in which the bandage was applied in the case of John Longhurst, therefore we shall do it in this: an error of the press, which materially altered the sense of



the passage, also took place. We said that "instead of a depression felt usually in these cases on its surface, a small narrow edge is plainly perceived," it should have been "a small narrow ridge is plainly perceived."—To proceed, however, to the bandages. The patient was laid on his back, in the bed, with the thigh and leg extended, so as to relax the muscles, to allow the disunited edges of the patella, to come as closely in contact as they could be brought. A common bandage was first passed six inches above the injury, round the thigh, binding it as tight as the patient could conveniently bear it; it was then carried round the under surface of the knee-joint to the leg (leaving the top of the joint uncovered) it proceeded thence down the leg, and was rolled two or three times round the foot; a splint of deal was next tied along the inside of the limb, as high as the middle of thigh, to keep it properly extended.

May 12.—No accidents deserving of notice have occurred at this hospital since our last report.

### Foreign Department.

[From the *Gazette de Sante*, April 15.]

#### ANTIDOTE AGAINST CORROSIVE SUBLIMATE.

We stated some time ago that M. SADDEI had detected in gluten, the property of decomposing the deuto-chlorate of mercury. An Italian Journal records a case of the efficacy of

this antidote. A medical pupil swallowed seven grains of corrosive sublimate, supposing it to be calomel. The effects of the poison soon manifested themselves. The emulsive powder of gluten was administered according to the method suggested by M. SADDEI; the sublimate was decomposed, and evacuated by vomiting.

Intelligence has been received from Wursburg, that the labourer, MARTIN MICHEL, who has become famous in the history of the miracles of Prince HOHENLOHE, died at Wittgautsen from the effects of the disease of which he was miraculously cured.

*Injection of Belladonna into the Veins.*—A German journal states that, in a case of hydrophobia, where the patient was unable to swallow, it was determined to inject belladonna into the veins. The injection acted promptly, and the patient fell into a state of stupor, the convulsions, anxiety, and oppression entirely ceasing. The patient was alternately sensible and insensible. She began to be able to swallow liquids, though with difficulty. Some slight hopes of recovery were entertained; but the symptoms soon became severe, and terminated in the death of the patient.

*Dictionnaire abrégé des sciences Medicales, tom. X.*—This volume commences with the word *insubulation*, and finishes with the word *manvic*. To give an idea of the anarchy which reigns in the doctrine now called physiological, it is only necessary to read the article *tri-*

tation, which is very short, but which gives us a great deal of novel information. We find in this volume an *evacuative* irritation, an *hypertrophic* irritation, a *transforming* irritation, a *degenerating* irritation, and a great many other irritations.

M. VIRCY has an article in the *Journal de Pharmacie*, on the poison called woorara. It is probable that few persons are acquainted with it in France; it is, however, much employed in America where the savages of the Guiana arm the points of their arrows with it. The monkeys, and other animals wounded by these poisoned arrows, fall into violent convulsions, which shews that the poison acts principally on the nervous system; nevertheless, the savages eat it without being incommoded by it. It is not known from what vegetables the woorara is extracted; Barcroft, and other travellers say that it is taken from a plant of a climbing species; M. Vircy thinks it not impossible that the poisonous juice of the *cerbera* may be used in it. What is of more importance, however, is a remark which has been for some time made, namely, that the plants cultivated in gardens for the purposes of medicine, have undergone a sensible diminution in the strength of their properties. This circumstance should induce us to procure them in their wild state whenever we can do so; for they grow in soils less rich, less sheltered, and less likely to fill them with inert juices. An instance of this kind has been observed in the *Hyoscyamus niger* by M.

Ricken, Chemist at Wittand. This plant cultivated gives an extract almost inert: while in its wild state it gives a much stronger extract. This is a very material circumstance in the practice of medicine, and may account for a number of anomalies and discrepancies in the results obtained by different practitioners.

M. BOULLAY lately communicated to the ROYAL ACADEMY of MEDICINE at Paris, the Analysis which he has made of the violet (*Viola odorata*, L.).

This distinguished Chemist has found in every part of this plant, in the roots, leaves, and flowers, a principle which has a great resemblance to emetine, which M. PELLETIER discovered in the roots of the *Ipecacuanha*.

Studied in these chemical points of view, the active principle of the violet so closely resembles emetine, that M. BOULLAY has proposed to call it *indigenous emetine*; but for the purpose of better showing its origin, he has also proposed to call it *violine*, distinguishing it into two kinds according to the state of purity it may be in.—*Medicinal Violine* when it is prepared as the emetine of the pharmacopœia, and *pure violine* when it is freed from all foreign matters.

M. ORFILA took the earliest opportunity of ascertaining the effects of violine.

*First Experiment.*—Five grains of pure violine were administered to a strong dog, and then a ligature put on its œsophagus. The animal experienced severe pains, which were manifested only by groans, and died in 36 hours af-

sons" in the House of Commons, the classics are often taught under the shade of the hawthorn. About the same time he commenced his Surgical studies under the auspices of Professor HALLOWAN, and was one of the twenty-five, who then composed the class of the Royal College of Surgeons in Mercer-street. Having kept his terms in the usual way, and with the usual improvement, he obtained the degree of Bachelor of Arts. His whole time however was not devoted, it seems, to Parnassian lore, or to his "Anatomia Britannica," for we find that at another school he was still more successful than at the temple of the muses, since instead of his courtship being rewarded with the sterile enjoyment of stamped parchment, he contrived to win the heart of a more substantial Enterprise—the fair daughter of a Mr. ROSE, who was returning to enjoy in his native land, the "showers of Barbaric gold" he had accumulated in the East. The *ex-de-vant* nabob's talents not having fructified, as Mr. KIRBY had anticipated, he was of course thrown pretty much upon his own resources, and the event proves that they were not unequal to his hopes. He lost no time in preparing himself to commence the world, and shortly after his nuptials he became a licentiate of the College, to which he was subsequently appointed assistant demonstrator, and is at this time, President. From servitude however his elastic mind rebounded, and he determined to become master himself. Possessed in no mean degree of the "*ingenium velox*," and "*audacia perdita*," so necessary for such an enterprise, and having a keen anticipation of the time when his paternal ears were to be greeted with "Papa, Timmy wants new shoes," he thought he could not do better than turn lecturer. Many circumstances, however, besides the mere impulse of ambition, and a presentiment of the wants of hisping infancy, conspired to fix him in this choice, and to inspire him with the hopes of success. But a dispute with a deceased professor, as it separated him from the College and annulled his expectations of preferment in that quarter, confirmed him more fully in this resolution. Much about this time, too, the "demon of Corsica" had "let slip the dogs of war" upon the Peninsula; but that Providence which "tempers the wind to the shorn lamb," seems to have raised Mr. KIRBY as an antidote to the impending desolation, and, perhaps, he felt himself, by some internal inspiration, that he was reserved for this

high destiny. Be this as it may, to him, the firing of the first gun that announced the passing of the French army over the heights of the Sierra Morena, was music of that agreeable kind, comprising the "*utile dulce*," and the succeeding cannonades, telegraphed from the Isle of Leon, were pregnant with meaning, for he sapiently . . . that where there was so . . . was not too much to presume that there were some bones broken also, and that they would of course . . . . . stance." Besides . . . . . fortune in his favour abroad, the goddess condescended to make known her divine will at home, as there was shortly after a commission received by the principal practitioners of this city to send out such of their pupils as they considered competent to the important duties of cutting adhesive plaster and of attending as nurses upon the sick.—His "vision" of future success was now no longer, "baseless" as this confirmation of its correctness placed it upon a stable foundation. To meet therefore, this new demand in the surgical market, and to heal the bleeding wounds of his countrymen, "a house with back concerns" was hired in Peter Street, and by a summary process of mechanism, was converted into an anatomical theatre. The establishment was no sooner fitted up, than it was crowded by a motley audience of every possible shade of character. Apothecaries, old and young, spurning their lowly avocation bade an eternal adieu to the pestle and their native hamlets, and committed themselves to be ground at Mr. KIRBY'S mill. The class was numerous and soon assembled, but there was still wanted an appendage to the "concern" to make it complete, for the pupils on going to London were required to produce certificates of attendance at some Hospital. An Hospital was therefore added, of dubious character, no doubt; but the form, and not the substance, it seems, was all that was demanded by the Examiners on the other side of the channel. There was then no "LANCET" to set them right—to expose the evil tendencies of professional elucian—and to unravel the sophisticated webs of reviewers, whose accommodating creed consists in the convertibility of truth into falsehood. But to return—in this celebrated *La charité* of Peter-street, there was but one bed, and we assure our readers that when we visited the place, there was no bottom in the same. When a case, however,

presented itself, remediable by STREEL, the scattered members of the bed were collected, and if the result of the operation happened to be favourable, it was made known in due course through the medium of the morning journals.

Such was the origin of this Institution, and of Mr. KIRBY's fame—commencing in a favourable combination of circumstances, and carried to its present maturity by a singular acuteness—a property seldom found connected with the higher order of mental attributes, that are too often useful to all but their possessors.

Surrounded as Mr. KIRBY is with a multitude of extraneous appendages, and yet so intimately blended with them all, so that it may well be said "*Mens agitat molem, et magno se corpore miscet*," how can we attempt to grapple with so complicated a subject, ignorant as we are of those arts he has made subservient to the extension of his professional celebrity? The graceful swing of his chaise, as it plays upon the obedient springs would learn to be communicated by his own more versatile movements—in the solemn rumbling of its wheels, imagination conjures up the awe-inspiring pathos of his oratory. And in the varnished stiffness and profusion of its embellishments, fancy cannot fail of finding a similitude for the gaudy tints of his rhetorical tulips. "Ally," indeed, "are but parts of one stupendous whole." The very horses as they toss their heads on high, seem proud of their subjection to so stately a master, the light azure livery and silver lace of the mortal Phaeton, holding the reins, are but the creation of his fertile invention; and the military shoulder knots of a blooming boy, perched like another Ariel upon the box behind, are emblematic of his picturesque taste. The entire equipage looks big with importance, and as it flouts your gaze in its rapid motion over the muttering pavements, you would think fortune herself was dragged into captivity at its wheels. In a city where merit and prosperity are considered as cause and effect, such artifice is by no means unnecessary to insure success, nor should we censure the adoption, when confined within the bounds of moderation. But the practice is of such easy attainment, that it has been very generally abused, for since Mr. KIRBY's success in this way has been known, his example has been followed by a host of imitators. We can scarcely pass a street that we do not meet numbers of those busy idlers, who to all but themselves appear overwhelmed

with practice. One hurries away in a hired gig to No. 6; another is all mud to the shoulders on horseback, after a profitless excursion to the Rock; and a third, an humble pedestrian, "plods his weary way" through the crowd, to be seen in the vicinity of some door with a muffled rapper.—This precedent has doomed us to still greater afflictions, "all quit their spheres and rush into the skies," we have lecturers on surgery whose operations were confined to the opening of a vein, and who retail "COOPER'S Dictionary, at stated prices and hours; in short, we have hospitals without patients, and patients without surgeons,—and professors in all the colleges at the tender age of twenty-one! Thanks to Mr. KIRBY for this race of beardless Esculapians. We sincerely hope "they will increase and multiply," as the scriptural mandate enjoined, and that they will beget didactic abortions to the end of the chapter. Few of them however will be able to rival their grand prototype, in being the founders of so profitable an establishment as Peter-street. Indeed we think it improbable that any individual however zealous in the cause of charity and science will ever come up to the unapproachable perfection at which Mr. KIRBY has arrived. In every art there has been some extraordinary personage with whose name excellence is associated. In poetry we have but one HOMER—a DEMOSTHENES in oratory—a WARREN in the STRAND—and only one KIRBY in the whole world. He has embodied himself with the public mind. He lives upon their lips, and has made himself, "a local habitation" in their breath.—Wonder and mystery are the attributes of his name. The citizens look upon him with feelings of a doubtful nature, and the inhabitants in his neighbourhood are strongly impressed that his nights are spent in the exhumation of the dead, and accordingly take every precaution to secure their departed friends by depth of grave and quick reche-line, from his Mausolean depredations. The Irish have been long dubbed a superstitious race of beings, but we cannot now strip them of their fair fame; indeed there are stories told of Mr. KIRBY, that would tend to prove the assertion and to place him far beyond Prince Hohenhausen in the "miraculous." Has any person been scalded to death in the purlieus of the liberty? The unfortunate victim of hot water and whiskey was restored to life by some sanative application of Mr. KIRBY. Has a gentleman's horse run away and

broke his master's neck. Mr. KIRBY was accidentally passing at the time and set all to rights in an instant. If a barrel of gunpowder explodes at the quarries of Dunleary and has sent five or six of the workmen on an aeronautic expedition; the melancholy accident is detailed next day in the Freeman or Saunders; the sly paragraph usually ending with, "Mr. Kirby is in attendance, and entertains some hopes of their recovery." The ephemeral publicity to be derived from newspaper notices, though very useful, was not sufficient for Mr. KIRBY. The fascination of authorism on a more extensive scale had too many charms to be resisted, and yielding to the temptation, he committed himself to the Press in a seven shilling octavo of sixty or seventy pages. It contained many successful eulogies and an essay laudatory of the virtues of *Stramonium* in various nervous affections. We had it in contemplation to celebrate the "*Stramonium Redivivum*," in a dirge over the other exploded Narcotics, and had written as far as the following stanza:

And what is opium but a name?

A drowsy drug at best,

A dose to dull the febrile flame,

And lull the wretch to rest!

When the Muse of Pharmacy interposing compelled us to desist with the succeeding lines on Mr. KIRBY's "*Killing Dulcinea*."

*STRAMONIUM*'s still an emptier sound,  
Not worth a pinch of snuff;

By all despised or only found,

In KIRBY's modest "*Puff*."

Yet this work of Mr. KIRBY's met with the most unqualified praise in the Medical Repository, no doubt a "*fel-low feeling makes us wondrous kind*."

Frogs in the oak in concert.  
From . . . of his being,

where, although absent, he may be said to be present, if man live in his works, we shall pass to the consideration of him "who hounds, connects, and equals all," in the capacity of Lecturer. Of all professional recreations, to us an Introductory Lecture has been at all times the most amusing.

We have always looked upon such an exhibition as a sort harmonic test, to estimate the extent of the speaker's powers. The subject being exclusively at his own option, will determine in some measure his judgment and resources. The execution admitting of the highest degree of literary polish, may tend us to form some idea of his taste. And in the delivery, by a species of lynx-eyed observations, fanciful, perhaps, we imagine we can discover many things which may escape the

vision of the uninitiated in the art of sketching. Burthened with such propensities it is no wonder if we should indulge them by taking a walk to Peter Street, at the opening of the winter campaign. There is at this period a kind of golden sympathy between pupils and professors. During the entire month of October, there are various reports afloat, and sundry preparations made to attract attention. The college depends upon the strength of its Museum, and Mr. Todd's *NASALOGIUM*. Mr. McCartney of the University, to other physiological attractions, adds the sacrifice of a fat rabbit to demonstrate the gastric fluid. But *horribile dictu*, Mr. Kirby outstrips all competition by venturing upon the nine lives of a CAT! Well, then, we may suppose that the victim is bound neck and heels upon the altar, and to keep up the illusion, that the physiological high priest is consulting his oracles in the snug little cot behind the theatre, and that all without is impatient for his entrance.

The opening of the door "gives dreadful note of preparation," and in a moment the roof rocks with deafening huzzas. The dusty skeletons shake off their venerable coats, and seem to tremble into momentary animation, while the spirit of applause "noting upon the waters" of antiseptic Irish-owen, curls their surface into circling undulations. Nor can the devoted Grimalkin be all this time a silent spectator, but adding his melodious mew to the harmony already existing, leaves nothing to be desired, as Haggi Baba has it, by the lovers of discord. "*Ut primum placati animi et trepida ora queirunt*," or rendered into familiar English for the occasion,

"When noodle's heels had ceased the boards to batter,

"And doodle's tongue forgot its noisy clatter,"

The Lecturer proceeds to the table, and dispatches poor puss! Having done so, he exhibits the gastric fluid, and relates many wonders of the all dissolving qualities of this fluid. His manner is an admirable comment on his mind. The sympathy between both is strikingly manifest. Every muscle seems in the most practised subjection to his will. Both mind and body are strained to the highest pitch, to produce effect. The tip-toe attitude and rapid gesture, indicate in a strong manner, the throes of ambition and struggles for popularity that are going on within. In his countenance resplendent of brass, you can easily see that self possession and confidence with

which he has taught his bustling way through the world, and scared death from the imagination of many a dependent mind. He certainly possesses some reputation for speaking, and with the aid of his

hopeless orator. A great deal of his success depended upon this method. Persons who have never asked themselves why they are pleased, and who have never analyzed the merits of any proposition are easily satisfied: they go to hear him for a certain purpose—to be amazed,—and do not wish to deprive themselves of the pleasure by the foolish labour of criticizing. It is no wonder, then, that his turgid declamation, set off by theatric fits and starts, has passed with such persons for eloquence. The subject, too, Physiology, is favourable to the deception. Full of mystery, and words of Grecian euphony, it is well adapted for Mr. Kirby's declamatory style. Tropes and figures are used for precedence, and a corresponding vehemence of his action a faithful diagram, and an appropriate vehicle of conveyance in the affected intonations of his voice. He scorns the trammels of regular composition, and would think it a profanation were he to express the most simple idea without concealing its meaning, under a drapery of *sesqui pedata verba*. There are two errors into either of which, speakers under Mr. Kirby's circumstances must fall; the one is dullness—the other, and by far the worst, is bombast. He that has never performed experiments must be content with detailing those of others, and however judiciously he may execute the task, his efforts can never possess that originality, which personal observation alone can bestow. Hence the effusions that

are read upon young dissectors, by teachers of anatomy in public and private theatres. If on the other hand the speaker, to avoid being dull, attempts to raise a fabric of his own upon the deductions of others, he runs a great risk of rivaling Mr. Kirby, whom the situation of a muscle, or the course of a nerve, leads into as pompous a description as if he had been treating the most important subject. This is not so much from the want of talent, as from a deficiency of material to work upon; for of the former article he has rather an abundant supply. But, having no foundation to build upon, the consequences we have just alluded to, are inevitable. Accordingly, he flounders away in the beaten track, "paints the

lily" of other men's creations, and "gilds the refined gold" of their industry; and like the bellows-blower, who turns himself into a fine musician, he is quite in raptures with all he repeats, as if it were the legitimate offspring of his own brain. The fond Laodamia expiring in the embraces of a phantom, could not have looked more romantic or languishingly lovely than Mr. Kirby when the rosin-lightnings of his eyes softening into a celestial repose behind the downcast lids, he seems to contemplate in the distance some important object.—Oh! it was nothing but the shadow of his own greatness, the constant tenant of his imagination. Anon, he recovers from the self-admiring swoon, and labours to make good, in the minds of his audience, the grandeur of that being he communed with in his trance. Having regained his balance, once more upon the stilts, he stalks upon the very "summits of declamation," leaving his audience to look up with amazement at his dizzy elevation. He next passes on to comply with that annual custom of advising pupils about what they should read. You would really think that Mr. Kirby, in his warmth of recommending classical studies, had actually caught fire at the sound, and that the beauties of the poets and orators of antiquity were as familiar to him as household words—"nocturna versate manu, versate diurna" was never more ably inculcated. Jons Huxter—the dignity of the medical profession—and an anathema upon all who would dare to practise the healing art solely for money, are the texts for many a sentence of spondee longitude. Preaching in those cases is of little avail when not followed by example. To talk about doctors wearing big wigs, and gold-headed canes, and scarlet cloaks, and of Presidents sitting in five-and-twenty-guinea chairs, reveries which Mr. Kirby has sometimes indulged in, is worse than doing nothing—it is a gratuitous insult to the feelings of any person acquainted with the system of education in the schools of medicine and surgery in Ireland. Such vapouring and palaver come with questionable propriety from one who was the first to oppose an improvement in this neglected art, and who has been himself the prolific source of so much licensed empiricism. How think you, Mr. Editor, would the Great Sir Astley look, had he seen the Professor of a private school step out of his carriage on his way to a levee at our castle, and in all the pomp and

glitter of a court dress, diffuse his divine odours, and the flowers of his oratory over the putrifying mass of a dissecting-room. We fancy that the lips of the "Surgical Cosmos" would curl into a smile of contemptuous scorn at the luminous exhibition. But no wonder might be still more excited had he witnessed the facts upon which the following anecdote is founded:

—Mr. KIRBY being aware that the persons who composed his audience at one period were intended for military practice, and faithful in the discharge of his duties, he took advantage of every expedient to exemplify those cases they would have to treat. Gun-shot wounds were of course a favourite theme; as he happened not, however, to have much experience in this subject, except what he could learn from the misfortunes of an occasional duel, he hit upon a very ingenious alternative of making up for the deficiency. It was one of a strange description to be sure, but quite characteristic of the inventor. For the purpose of demonstrating the destructive effects of fire-arms upon the human frame, BULLY's acro gave up its cleverest treasures for the performance of the experiment. The subjects being placed with military precision along the wall, the Lecturer entered with his pistol in his hand, and levelling the mortaliferous weapon at the enemy, magnanimously discharged several rounds, each followed by repeated bursts of applause. As soon as the smoke and approbation subsided, then came the tug of war. The wounded were examined, arteries were taken up, bullets were extracted, bones were set, and every spectator fancied himself on the field of battle, and looked upon Mr. KIRBY as a prodigy of genius and valour for shooting dead men. It is disputed, why Mr. KIRBY has discontinued the sham battles. Some say that the return of peace has rendered his explosions unnecessary, but others with more truth affirm that the memorable

pistol with which he was wont to do such execution upon the dead, were given up by him to one of the students returning on a gig from the country. Oh! what a falling off was there! the hero of PATRALLOO disarmed by a foot-pad.

Many things more we had to say, but the longest day will have an end. Alas! that our light and page too, are subject to a similar fate. For had we at this moment the power of a Jesuva, by a twirl of our pen, the taper should burn on still in the socket, and our paper lengthen as we wrote, until Mr. KIRBY's portrait, difficult as it might be to command its camelion head, would stand forth relieved in all the complexity of descriptive detail. But for that purpose, what sheet or mould-six would suffice? With the expiring glimmer that flickers on our short space, we shall endeavour to say that a review of this gentleman's life, as a teacher, affords additional evidence of the imperfection of the plan of education at the School of Surgery in Ireland. There we see that the exertions of one man, attracted in the very teeth of a College, nearly as many pupils as the combined efforts of six professors, and two demonstrators, assisted by inducements and appendages. If one person then, can effect so much under the disadvantages of a faulty system, what might not be expected from the labours of so many, were they directed by the dictates of common sense? We will not, however, enter upon this important but neglected subject, until the rubbish of the old ruin is completely removed. Unpromising as the task may appear, we do not entirely despair, but like GEORGE PATRALLOO, in his adverse rambles, begin to learn the "knack of hoping," and conclude with him, that as we are now at the bottom of the wheel, the next revolution may elevate, but cannot depress us to a lower state.

ERINENSIS.

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# THE LANCET.

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## SURGICAL LECTURES.

Theatre, St. Thomas's Hospital,  
Wednesday Evening,  
April 21, 1854.

### LECTURE 56.

In this evening's lecture, Gentlemen, I shall give you some of the *Consequences of Gonorrhœa*, and first of

#### *Strictures of the Urethra.*

These are of three kinds, the *permanent*, *spasmodic*, and *inflammatory*.

The *permanent* stricture is the result of a thickening of the urethra from chronic inflammation; the *spasmodic* arises, either from a contraction of the muscles surrounding the urethra, or from the urethra itself; the *inflammatory*, is consequence of inflammation of the acute kind, which generally succeeds the acute gonorrhœa. This inflammation occasions an extravasation of adhesive matter between the corpus spongi-

osum and surface of the urethra.

At the commencement of the formation of every permanent stricture, you are made acquainted with the real nature of the complaint by the following symptoms:—The first is, the retention of a few drops of urine in the urethra, after the whole appears to have been discharged; so that when the penis has been returned into the small clothes, the linen becomes slightly wetted, and if you press on the under side of the urethra, a few drops more will be voided, which had collected between the neck of the bladder and that part of the urethra where the stricture is situated. The next circumstance you notice is an irritable state of the bladder; this is evinced by the person not being enabled to sleep so long as usual without discharging his urine. A man in health will sleep for seven, eight, or nine hours without being obliged to empty his bladder; but when he has stricture he cannot continue for a



longer period than four or five hours, and frequently much less; even than this. The next circumstance observable is the division of the stream, the reason of which is that the urethra is in an uneven state from the irregular swelling which surrounds it, and consequently the urine is thrown with an inequality of force against its different sides: sometimes the stream splits into two, becoming forked; sometimes it is spiral; at other times it forms, as it were, a thin sheath. Occasionally the stream rises perpendicularly, its long axis being at right angles to the long axis of the penis; thus, then, the retention of a few drops of urine after the whole appears to have been discharged, a more frequent propensity to make water than when in health, and the peculiar characters of the stream as just described to you, will be conclusive evidence of the existence of stricture. In addition, there will sometimes be a discharge from the urethra, which renders the linen of a bluish-white, similar to the appearances produced by nocturnal emissions: if the individual ride much on horseback the urine will be high coloured, depending upon the

degree of excitement existing in the urethra. The next thing which the patient notices is, that he discharges his urine by drops; and from the irritable state of the bladder, the water is constantly dropping or distilling away from the orifice of the urethra. An individual then having permanent stricture, first observes a few drops of water remain after the whole seemed to have been discharged—then noticed a fine spiral, or divided stream—and, lastly, discharges his water by drops only; in this last state, for the purpose of facilitating the escape of the urine, and preventing its being retained by the lacunæ of the urethra, he draws out the penis with considerable force; and thus, to express it in the clearest way, milks himself.—(*a loud laugh.*)

Well, the next circumstance you observe is the discharge of a considerable quantity of mucous along with the urine; this is owing to the inflammation having extended to the mucous membrane of the bladder; the urine, when discharged, is as transparent as usual; but when it has cooled, the mucous descends to the bottom, where it

appearsropy and adheres to the vessel. As the inflammation of the membrane increases, the urine becomes yellow; but if heated, the yellowness is not seen; and when allowed to stand, as I before stated, the mucous will sink to the bottom. These facts will explain to you whether the urine contains mucous or pus. When the disease is of a very aggravated nature, the urine will become quite white, but in all the stages of the complaint, the colour of the water will be according to the degree of inflammatory excitement; and when very severe, it will be charged with a considerable quantity of pus. — When the urine is bloody, it is a proof that the ulcerated process has commenced; and if there be no blood, it is a proof that there are no ulcers.

In that state of stricture when the urine is filled with pus, the patient has frequent and severe rigors, or even below that state of inflammation the person will have frequent shivering fits, and upon going into his room you would suppose that he had an intermittent and would order him bark. In these cases, however, this medicine has no effect, and you will find upon the remedy.

No. 3.

I mention this that you may be upon your guard in those cases, as there are manifest rigors succeeded by severe heat. Although they do not come on with that regularity that they do in intermittents and at a different time of the day. In addition to these symptoms, piles will be sometimes produced, and occasionally direct inguinal hernia; this last complaint is the consequence of the extreme force that is employed to evacuate the urine.

Upon the *dissection* of those who die of stricture, (and I think persons not unfrequently die of this complaint, though not so many now as formerly) the following circumstances are observed:—the seat of the stricture anterior to the bulb, just where it joins the corpus spongiosum; this part is naturally contracted and small, and it is here that you will be obstructed, if you attempt to pass a straight bougie. The next situation in which we find stricture is in the membranous portion of the urethra, or that part between the bulb and prostate gland; —the next situation is in the postate gland itself; there is no part of the urethra which is not liable to stricture, but most frequently it is found in the

three situations I have described to you; first, just at the beginning of the bulb; second, at the membranous, (or as it ought more properly speaking to be called the muscular) part; and, thirdly, in the prostate gland itself. Well, upon proceeding on our dissection, what we find to result from stricture of the urethra is extraordinary dilatation of the urethra itself behind the stricture. Here (holding up a preparation) you have an opportunity of seeing this fact; the stricture you observe, one inch from the extremity of the penis and the urethra, has become so much enlarged, that it will receive the finger between the bulb and seat of stricture. The next circumstance we observe upon dissection, is an enormous thickening of the coats of the bladder; this arises from the increased action which the muscular fibres have to undergo, for the urine being frequently discharged, the muscular fibres contract to produce the expulsion, and thus increase in size in consequence of their increased action. Thus, then, recollect that in strictures, the bladder is thickened and irritable. Well then, the next thing we observe is enlargement of the urethra, and this

is owing to the urine collected in these tubes, from its not finding a ready passage into the bladder; therefore the ureters themselves become bladders.—Proceeding in our dissection we often find the kidneys diseased, and their glandular structure entirely absorbed; and it not unfrequently happens that strictures will produce disease in the kidneys; which disease will prove destructive to life. In stricture, diseased kidneys prove advantageous in one point of view, which is the diminution of the secretion of urine; if this, however, continues for any length of time, the constitution will sink from the non-excretion of that fluid. One kidney is generally more affected than the other. I have just stated to you, that the glandular structure is sometimes entirely absorbed, and the kidney is occasionally, in cases of stricture, so distended with urine as almost to answer the purpose of a bladder. Well, such are the appearances found upon dissection of those who die of stricture.

Ever since I first began to lecture, I have always denominated that stricture of the urethra, which is produced as it

were by a piece of cord tied round it,—the corded stricture. Another that is produced, as if by the tying of a broad band, the ribbon stricture, for it frequently extends a considerable distance, even the entire way from the bulb to the prostate. There is another species of stricture occasioned by a membranous band running across the urethra.

[Preparations, shewing these varieties, were handed to the students, and passed round the Theatre.]

#### *The Cause of permanent Stricture of the Urethra*

is inflammation of the chronic kind; this occasions a greater determination of blood to the part, and produces a disposition of adhesive matter on the outer side of the urethra; the urethra itself becomes thickened, which, together with being pressed upon by the adhesive matter collected in the interstitial spaces surrounding the urethra, produce the stricture in question.

As to the manner in which stricture is produced, I am opposed, on this point, to Mr. HUNTER, one of the greatest surgical authorities that ever lived; and if asked what was

the cause of stricture, I should say, in ninety-nine cases out of every hundred, it was the result of gonorrhœa. It is quite true that children, on whom not the slightest suspicion of their having gonorrhœa could fall, occasionally have stricture. I have lately met with a case of this description, and it was caused by the child having received an injury when on horseback; but still I would say, that in ninety-nine cases out of every hundred, stricture is the result of neglected gonorrhœa, riding or drinking hard, or any excess when the patient is laboring under that complaint.

#### *Treatment of permanent Stricture.*

There are three principal objects to be attended to; the first of which is, to cure the complaint by dilatation; the second, absorption; and the third, to destroy it altogether. The first is effected by mechanical means; the second, by the influence of medicines; and the third, burning it away by means of caustic. The first, or cure by dilatation, is accomplished by means of bougies; these are of various sizes, and made of either wax, elastic gum, catgut, or silver; the

ters are also sometimes employed, and answer the purpose tolerably well. Now, with respect to wax bougies, before introducing them into the urethra you should always warm them by the fire for the purpose of rendering them soft, when, if they are introduced into the urethra, and pass through the stricture, you will ascertain the distance at which it is situated from the orifice, and the form and size of the stricture will be modelled on the bougie. You then pass another bougie a little larger than the first, and directly that is withdrawn, another size still larger. On the following day you again introduce two bougies, that is, if there should be no existing inflammation to prevent it; the first bougie you then use is to be of the same size as the one with which you concluded on the previous day; after this has been withdrawn, you again pass another, a size larger than the first, thus using on every occasion two bougies always, beginning with one of the same size as that with which you had concluded on each preceding occasion. By adopting this plan, strictures may be cured in a quarter of the time that they usually are, and the

strictured part of the urethra speedily made to regain its natural size. Bougies have been numbered from one to sixteen, so that surgeons may on each occasion know the size they are using and the size they last used; number sixteen is large enough for a walking stick, and evidently too big to be safely passed into any urethra; and number fourteen is of quite sufficient magnitude to establish the natural passage of any urethra.—It is not necessary to leave in the bougie any length of time, for when the bougie has passed the stricture the effect of dilatation has been produced.

Never attempt to pass a bougie in its straight state, for if you do, it will be obstructed in its passage, whether there be stricture or not; you should invariably give it before its introduction, the curve of the catheter; with regard to elastic gum bougies, they are not now employed.

Every surgeon, I believe, has a mode of practice peculiar to himself; the bougie I use is made of silver, it is of the form of the catheter, but at the point, and running back for some distance towards the handle, it is conical, and the way through

is this: I first pass down, in the manner described to you, a wax bougie, for the purpose of ascertaining the form, size, and distance of the stricture: having obtained a knowledge of these, I then introduce my conical silver bougie, the point of which having entered the stricture, the further it passes the greater is the dilatation produced in consequence of the form of the instrument. This bougie I have found extremely serviceable, and is the best with which I am acquainted; when it is not at hand, I use a common silver catheter instead.

As to cat-gut bougies, they are now very rarely employed, except when the stricture is particularly small, and then they are sometimes required; there is another kind of bougie made of horse skin, after it has been submitted to the action of lime to prepare it for tanning.

Fashion, I am sorry to say, in surgery as well as in medicine, frequently leads practitioners from the path of prudence; one remedy after another is blazoned forth to the world to delude merely for a day, and then to sink with its predecessors into "the tomb of all the Capulets."

Surgery, however, is much less

liable to these deceptions than the medical branch of our profession, because Surgery is a science requiring more solid information, and in which impositions are much more easy of detection. It often occurs that the exaggerated statements which accompany new remedies, lead surgeons to expect more advantages from their employment than the experience of the discoverer if he had spoken truly would have led them to anticipate; now in consequence of this, medicines often sink below that level where their intrinsic value would justly entitle them to remain. I make these remarks in reference to the use of caustic for the cure of stricture, originally adopted by Mr. HUNTER, afterwards improved upon by Sir EVERARD HOME, and subsequently the mode of treatment was altered by another gentleman, now deceased, and since his time it has been falling into disrepute. The use of caustic has certainly been very much abused, and, in many instances, has produced the very worst consequences, and I would say that it never ought to be employed except where the stricture is accompanied with

stricture in perinæo, and that fistula behind the stricture, then there can be no apprehension of the caustic occasioning retention of urine, which it has done in many instances when injudiciously employed. Caution is required in the use of nitrate of silver to prevent its getting in contact with any other parts than where its presence is absolutely necessary; and let me advise you not to use the caustic alkali as a substitute for lunar caustic, it is much too soluble, and by running over an extended surface is calculated to produce a great degree of inflammation. I have known eight applications of the lunar caustic completely succeed in curing stricture, when every other means had failed; in this case there was a fistula in perinæo, behind the stricture.

I have now to make two or three observations on the consequences of introducing bougies; here is a preparation (holding it up) in which you see the bougie forced out of the urethra into the scrotum, just by the bulb; here is another preparation in which the bougie was forced into the bulb itself. Now, whenever you suspect a tear of the urethra in passing a bougie, immediately withdraw the in-

strument and desire the patient, if possible, to retain his urine, that it may not irritate the wound, and also to prevent its escaping through the opening and becoming extravasated in the surrounding cellular substance. In this way you give time for a clot of blood to form over the surface of the wound,—a slight degree of inflammation is excited, and it becomes healed by the adhesive process without any further mischief. Another circumstance I wish to mention to you is, that the passing of a bougie is sometimes attended with very considerable hemorrhage from the urethra. A practitioner once called upon me in a great hurry, but whose name I will not mention, for I do not wish to hurt him, although he is not at all calculated to practice surgery; well, this person called upon me and requested me to go immediately and see a patient of his, who had a profuse bleeding from the penis, occasioned by the introduction of a bougie; I went and found as he had stated; I pressed a roller upon the perineum, which instantly checked the flow of blood; a short time afterwards, I was sent for to the same patient from the hemor-

rhage having returned; this gentleman had been lounging before the fire with a foot on each side of the chimney piece; the warmth coming in contact with the perineum, had brought on a renewal of the hemorrhage. I now made an incision upon the part, and divided the artery of the bulb; this operation completely succeeded, and the bleeding was permanently subdued.

### LECTURE 57

Thursday, April 22, 1824.

The first subject of this Evening's Lecture will be

#### *Abscesses in the Lacunæ of the Urethra.*

After the violence of the gonorrhœal inflammation has subsided, you will frequently feel along the under surface of the urethra a number of small knotty tumours; these in the course of a short time successively discharge themselves into the urethra and the swellings then subside. Sometimes these little abscesses break externally to the urethra, thus forming a double swelling; but the most frequent situation of abscesses of the urethra from gonorrhœa is

in the lacuna magna opposite to the phænum. These abscesses likewise form between the lacunæ and scrotum. When you feel an abscess moving about in the scrotum, and that abscess occurring after the inflammation attending gonorrhœa you may be pretty sure that it has been formed in the lacunæ opposite the scrotum, and will prove troublesome to the practitioner and dangerous to the patient; for in this situation abscess after abscess will frequently form until the patient sinks under the long continuance and severity of the disease.

The next situation in which we find abscesses that are produced by the same cause, is in the perinæum, giving rise to swellings there of considerable magnitude; the inflammation passes down the urethra, giving rise to great pain in making water, and still greater pain after having passed it; if the inflammation be not checked in its progress, it will give birth to these abscesses, which, if permitted to remain, will, at length, break through the integuments, and matter and urine will be discharged through the opening. The passage leading from the external wound to the internal, is exceedingly tor-



trous, so that upon introducing a probe, that probe will not directly enter the urethra; indeed, you will find some difficulty in getting it there, from the winding and irregular course of the canal which the matter has formed: the nature of the wound will at once shew you that the urine may easily become extravasated in the cellular membrane of the neighbouring parts. Abscesses of this description will sometimes give rise to retention of urine; a man thus circumstanced was brought into the other Hospital; upon passing the catheter I felt a something unusual while introducing it, which led me to examine the perineum; I there found one of these abscesses, and upon opening it with a lancet gave the patient immediate relief; this then will prove one source of retention of urine, and it is caused by the pressure which the abscess makes upon the urethra.

The further extension of the inflammation will be the means of producing abscesses in the follicles of the prostate gland; these likewise will occasion retention of urine, and upon introducing a catheter to relieve this, it occasionally occurs that the catheter

will enter an abscess, and a considerable quantity of matter will pass through it before any urine makes its escape; at length, after the whole of the matter has been evacuated, the cause of the retention having been removed, the urine can then be freely expelled from the bladder. It now and then occurs that the two last varieties of abscess I have mentioned, by being neglected have led to the formation of fistula in ano; the true character of the fistula will be learnt by you observing to run from it at different periods a few drops of urine, this will of course convince you it is connected with the bladder.

#### *Treatment.*

Abscesses of the lacunæ of the urethra, arising from gonorrhœal inflammation, should be continually poulticed until the matter is discharged. After you are satisfied that it has once formed, it is not right to let the abscesses break of themselves. When therefore, the hard knot that you feel in the urethra becomes converted into a fluctuating tumour, connected with the skin covering it, the sooner you open it the better. When the abscesses are situated in the lacunæ oppo-

sita to the scrotum, the treatment must be exceedingly prompt, for if it be not, you will endanger the life of your patient. Into these abscesses make early and free incisions; let your incisions be of considerable size, and a great deal larger externally than internally. I generally make these incisions in the middle of the septum at the anterior part of the scrotum. Now, when you are called to cases of abscess in perinæo, it is necessary that you should be particularly decisive in your management of these complaints for the purpose of guarding against that troublesome and dangerous disease, fistula in perinæo, for, owing to a variety of circumstances, it is exceedingly difficult to cure. When called to a case of abscess in perinæo, the best plan of treatment that you can pursue is immediately to introduce a catheter, made of elastic gum, (which is much less likely to injure the patient than a metallic one) this will relieve the retention, and obviate much irritation; apply leeches and evaporating lotions to the swelling, and keep the bowels open by cooling laxatives. Well, if these measures should not suc-

ceed in dispelling the tumour, the moment that you can distinctly feel fluctuation, you should make such an opening with the lancet, as will allow the matter to escape, to prevent its burrowing under the skin, and producing additional mischief; it will save the patient much pain, and will probably lead to the speedy cure of the disease, which might otherwise prove not only protracted, but fatal. Remember you are not only to open the abscess early, but keep introduced in the bladder a gum elastic catheter. An abscess of this description very much neglected, has been known to break into the rectum, and the urine to be afterwards discharged through that unnatural course. In the treatment of abscesses of the lacunæ of the urethra and perineum, it is of the utmost importance that you should attend to the state of the patient's general health, for these abscesses often form in broken constitutions, and it is impossible that you can cure them while the system is in a depraved and debilitated state, you should therefore prescribe alterative, tonic medicines, nutritive diet, and country air; attention to the state of the

constitution will sometimes cure these abscesses after every local remedy has failed.

Abscesses of the perineum are often produced from the unskilful manner in which catheters and bougies are sometimes introduced, and by using bougies of too large or too small a size.

There are some cases of stricture so bad, so obstinate, that, use what instrument you will, and with all possible care, yet you will not succeed in overcoming the resistance; you must recollect the case lately in the other hospital, where I was under the necessity of cutting down upon a stricture, and immediately behind which was a urinary calculus; upon searching a little further I found a second, and then the catheter passed with ease into the bladder.

Well, I mentioned to you at another part of the lecture that urinary fistulæ in ano sometimes exist, and that the introduction of a catheter into the bladder is not sufficient to cure them, as the urine will notwithstanding still continue to escape by the sinuous opening. Urinary fistula in ano is fistula in perinæo and fistula in ano blended. The first case of the kind that I ever

saw was in a gentleman from Kent; two surgeons attended him, one of whom was myself. The other surgeon injected the sinus; the patient was directed to frequently introduce a catheter: he came to town a short time afterwards, and told me that he continued to pass the catheter for six weeks, when, concluding that he was cured, he ceased to employ it. The urine, however, returned by its former course, and he again came to town for the purpose, if possible, of getting the unpleasant disease cured. What I did was to make the same incision in the perineum, as is made by the lateral stone operation; my object was to divide the sinus into two; this succeeded in producing a complete cure.

The next subject to which I shall direct your attention is

#### *Extravasation of Urine from bursting of the Urethra.*

This can never happen without the grossest neglect on the part of either the medical man or the patient, unless, indeed, the patient be in a situation where he cannot obtain surgical assistance; as individuals, for example, who are at sea on board ships that do not carry surgeons;

it is a very dangerous complaint and one that is always to be dreaded. I wish there was some legislative enactment to compel the commander of every vessel going a voyage of any distance, to take a surgeon with him; if such a law was in force we should see very few cases of this description, for the subjects of them are generally unfortunate sailors who have been so situated that they were incapable of procuring medical advice. You may see these poor fellows often brought into the hospital in the most horrid condition from rupture of the urethra and the escape of the urine into the cellular membrane of the surrounding parts—the scrotum in these cases is of a purple colour, and extremely distended, you probably make an incision in the scrotum for the purpose of discharging the urine, sometimes this will be successful, but at others the entire scrotum will slough, together with a considerable portion of the surrounding parts, nor is this always the worst that happens, for it frequently terminates in death.—All these calamities might have been prevented by proper treatment, and when you see a case of this description you should immediately make into the scrotum, an incision at least two inches in length—this incision should be in a direction upwards and backward toward the nates; this opening will permit the urine to escape and the irritation and inflammation which commonly take place would be by this simple practice completely obviated—this then is the method you are to adopt—make a

free incision for the purpose of allowing the extravasated urine to flow out, attend to the stricture which was cause of the accident and your patient will stand a fair chance of recovery—where patients have surgical attendants, I again repeat that this accident ought never to occur. I shall now say a few words to you respecting

### *Spasmodic, and Inflammatory Strictures.*

The spasmodic stricture is usually I believe more or less connected with permanent stricture, and I am of opinion that the spasms commonly attack the muscular part of the urethra.—Spasmodic stricture may arise from various causes, attacks individuals of all ages, and so recently as yesterday, I saw a little boy of only four years of age the subject of it. Common accidents, as fracture and dislocation will sometimes give rise to spasmodic stricture; even an operation for aneurism will generate such a degree of irritation as to produce it.

Spasmodic stricture is generally unattended with pain. I mention this the more particularly because the inflammatory stricture, and the spasmodic have been confounded, whereas the one being unaccompanied with pain, and the other having it distressingly severe, is surely sufficient to mark the diseases as completely distinct: even an irritated state of mind or a mind deeply engaged in study, will occasionally influence the nervous system to such a degree as to produce spasmodic stricture

of the urethra. This complaint usually comes on of a sudden, is unmixed with pain and the first notice that a patient has of it is, that he experiences a difficulty in voiding his urine.

#### *Treatment of Spasmodic stricture*

You should introduce a bougie, letting it steal gently along the urinary passage, and when it arrives at the strictured part, there let it rest for a short time, after this you should gradually push it forward, using only a very slight force, but continuing that force until you have succeeded in passing the stricture. Let the bougie rest for a minute or two in the strictured part, and then withdraw it, directly that you do so, the person will be enabled freely to pass his urine. If you have not a bougie at hand, you may employ a catheter; and it will answer equally well; you must take great care, however, to use it gently, as I have just described. Other means are adopted, as the exhibition of calomel and opium, antimony has also been given with a view of producing sickness, and general relaxation, the warm bath has been also employed with the same view, as has the tobacco glyster. Mr. CLINE employed the muriated tincture of iron, with decided advantage: he gave five or ten drops, every two or three hours, and it succeeded, when every other means had been unsuccessful. I have already mentioned to you that the warm bath is a remedy employed for this complaint. I now tell you that the cold bath has likewise been had recourse to, and with

the most decided advantage; at this apparent contradiction you probably are surprised, however such is the fact. Mr. ROBERT PEW when studying at these hospitals, was attending a gentleman in Bishopgate-street, who had spasmodic stricture. Mr. PEW (and I mention it to his credit, for it showed a reflecting mind) recollecting that an immersion of his body in cold water always caused him to expel the contents of his bladder, recommended his patient to jump into a cistern of cold water that was standing in the yard of his house. He did so and the experiment completely succeeded, there was perfect retention before the immersion, but after it the urine was expelled with the utmost facility.

There are some very anomalous cases of spasmodic stricture. Mr. WESTERN, a surgeon, was in a Chemist's shop, into which a man came and asked for a half pint of lime-water; this he immediately drank, upon being questioned as to what he took it for, he said that it was to relieve a retention of urine produced by stricture; the lime-water relieved him, for immediately after taking it, he passed his urine. Owing to constitutional peculiarities medicines that will be successful with one patient, will fail in another. You must, therefore, have recourse to all, until the object be gained.

#### *Inflammatory Stricture.*

This is equally quick in its approach, with the common spasmodic; but unlike it in being accompanied with discharge

pain. A man will consult you with this complaint, and will tell you he has the most inordinate desire to make water but cannot. After having prescribed for him, and he has left your house he will return again in a few minutes, and say that he is in the most excruciating pain, and cannot bear it any longer; this kind of stricture is generally produced by the inflammation of gonorrhoea, but there is another mode by which it is caused, and that is, the introduction of a bougie, for the passing of these, although done with care, will sometimes give rise to a violent inflammation of the urethra.

#### *Treatment.*

When a person comes to you having retention of urine, with dreadful pain in the urethra, you should immediately take blood from the arm, in such quantity as to produce syncope, administer purgatives, apply leeches to the perineum, and put the patient into a warm bath; you will also, in this complaint, find antimony and opium in a state of combination particularly serviceable. It is highly improper to introduce either a bougie or catheter while the urethra is in the inflamed state just described; if used with judgment and decision, the means I have stated will be sufficient to procure relief. There sometimes exists an

Persons having this complaint have a frequent desire to make water; this disorder may be cured by giving, three times a day, an eighth part of a grain of the oxy muriate of mercury, and a drachm of the nitrous spirit of æther; these may be taken in any convenient vehicle—should be continued for a little time, and the complaint will disappear.

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#### SIR ASTLEY COOPER, AND THE SURGEONS OF THE BOROUGH HOSPITALS. — OPENING OF THE SYPHYLITIC WARDS, AT GUY'S, UNDER NEW AND IMPROVED REGULATIONS.

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Several meetings of the Surgeons of the Borough Hospitals have been held during the last week, in consequence of the observations of SIR ASTLEY COOPER on the treatment of patients for gonorrhoea in the United Hospitals, which appeared in THE LANCET of last week. The result of these meetings has been that SIR ASTLEY addressed the class in the Borough, on this subject, at the conclusion of the Lecture on Wednesday evening, and on Thursday he repeated, from a written paper, the observations which he had delivered on the preceding evening, with a view

#### *Irritable State of the Urethra,*

If attended with inflammation, it is of the chronic kind.

of preventing any possible misconception of his meaning. The following is a correct report of the observations which fell from SIR ASTLEY COOPER.

"I shall detain you, Gentlemen, a few moments longer on my own affairs and those of my colleagues. Their feelings have been hurt by the observations which I made on the abuse of mercury in the treatment of patients for gonorrhœa in these Hospitals. Those observations having been made for many years in these lectures, were not applicable to them. Who are the men, gentlemen, against whom it has been supposed that these observations were directed? Are they men whom I could possibly feel disposed to injure? Mr. TRAVERS is my apprentice, Mr. GREEN is my godson, Mr. TYRRELL is my nephew, Mr. KEY is my nephew, Mr. MORGAN was my apprentice. I feel proud in having such men around me, and I believe that at no former period has the surgical department of these hospitals been so well filled as it is by them. I do not wish to be understood as disparaging the abilities of former surgeons, but what I do say is, that there have never at any one time, been so many persons officiating as surgeons to this hospital, who have been so properly educated to the profession. It is my wish to uphold the profession, and it is because I wish to uphold it, that I wish its abuses to be corrected. I believe much good has already resulted from my observations

on the abuse of mercury. It is not my intention to retract my opinions, and I am happy in being able to state that the present surgeons of St. Thomas's and Guy's have never pursued the system of treatment which I deprecated in the Lecture on Gonorrhœa, and that the venereal wards of Guy's are about to be opened under new and improved regulations! I have spoken to the gentleman who rules over that Hospital, and I have the satisfaction of stating that making patients spit three half pints a day will no longer be a part of the system, but that the Venereal wards will be opened under new and improved auspices. I trust that harmony and unanimity will ever be preserved among the Members of the Profession, which are essential for their mutual advantage, and the advantage of the public, and it shall not be my fault, if that harmony is ever disturbed."

We cannot forbear calling the attention of the Profession and the public, to the gratifying fact, that the publication in *The Lancet*, of Sir ASTLEY COOPER's manly and indignant observations, on the infamous treatment of patients for gonorrhœa, which had long prevailed in the Borough Hospitals, has been almost immediately followed by an official announcement, that the practice of spitting the health, and frequently

destroying the lives of patients, by unnecessary salivations, will be no longer a part of the system, and that the venereal wards of Guy's Hospital will shortly be opened *under new and improved regulations*. If this be not cause and effect, it must be admitted to be a very singular coincidence in point of time. The lecture on gonorrhoea, be it remembered, was delivered a month ago;\* yet no attention was excited by it, no meeting of Surgeons took place; not a whisper was heard about *new and improved regulations*. But no sooner does this lecture make its appearance in *The LANCET* than immediately meeting after meeting of the Surgeons of the United Hospitals takes place; and in the very next week Sir ASTLEY COOPER, while he bears testimony to the professional merits of the Surgeons of these Institutions, officially announces that the practice of unnecessarily salivating patients will be no longer a part of the system at

Guy's and that the venereal wards of that Hospital will be opened within a week under new and improved auspices.

It seems to us that the surgeons of these Hospitals had no ground whatever for making a personal question of Sir ASTLEY's indignant observations on the abuses of mercury, which appeared in the last number of *THE LANCET*, or for conceiving that these observations were directed against themselves. Sir ASTLEY has very satisfactorily shewn that he could not possibly be actuated by any unfriendly feeling towards the family party, who have acquired exclusive possession of the professional distinctions and emoluments of these institutions—a party united to each other, not only by the amiable ties of consanguinity, but by the no less delightful *vinculum* of a common participation in £3,600, which they annually extract from the pockets of the students. Who can believe for a moment that Sir ASTLEY intended to disturb the pleasant domestic arrangement which he has described, or that he could have meant to embitter its fruits, by grafting the apple of discord on the fol-

\* In consequence of the new arrangement, adopted by Sir ASTLEY, of giving three Lectures a week, and the great press of other valuable matter, we have been unable to keep pace with the distinguished Professor, in point of time, and his Lectures will therefore continue to grace our pages long after the completion of the Course.



flowing chisurgico-genealogical tree?—

Sir A. COOPER, paterfamilias.

Mr. TRAVERS, Sir A.'s apprentice.

Mr. TYRRELL, Sir A.'s nephew and apprentice.

Mr. KEY, Sir A.'s nephew and apprentice.

Mr. MORGAN, Sir A.'s apprentice.

Mr. GREEN, Sir A.'s god-son.

It is evident, however, from other considerations, that the surgeons had no ground for making a personal question of Sir Astley's indignant denunciation of a shameful abuse. No man who has read Sir Astley's observations on the abuse of mercury in gonorrhœa, at the Borough Hospitals, and who couples those observations with his declaration, that these have been delivered for many years in his lectures, can doubt that he has made most strenuous but unavailing efforts to put an end to the shameful practice of which he complains. What then is the inevitable conclusion? Not that the surgeons are to be blamed, but some paramount authority by which their better judgment has been controlled, and their attempts to save the health and lives of patients, by a ratio-

nal mode of treatment have been opposed, and frustrated? It is true Sir Astley now states that he is happy in being enabled to say, that the present surgeons of St. Thomas's and Guy's have never pursued the system which he deprecated in his lecture on gonorrhœa; but we are not told up to what time the practice continued, or when it was abandoned. Certain it is, however, that Sir ASTLEY COOPER has for many years complained of this infamous practice, (we use his own words) in his lecture; that he complained of it in the same indignant tone in the year 1824; that a month elapsed, during which time the complaint excited just as little attention as it had excited on former years; that at the end of that time Sir ASTLEY COOPER's lecture on gonorrhœa was published in *The LANCET*; that immediately after the publication of the lecture in *THE LANCET*, several meetings were held on the subject by the hospital Surgeons, and that in the course of the next week, Sir ASTLEY formally announced to the class that his observations having been made for many years did not apply to the present surgeons; that these gentlemen

were his nephews, godson, apprentices, &c.; that they had never pursued the system of treatment which he deprecated in his lecture, but that—mark Reader, **THE PREGNANT CONCLUSION**—the practice of salivating patients unnecessarily will be no longer ‘a part of the system’ at Guy’s, and that the venerable wards of that hospital will be within a week opened *under new and improved regulations*. If any man can read this statement of facts without coming to the conclusion, that the publication of Sir ASTLEY COOPER’s observations on an ‘infamous practice,’ which had long subsisted in the Borough hospitals has produced a practical and substantial benefit this year, which their unpublished delivery in former years failed to produce, we can only say that Dr. JAMES JOHNSON’s claims to the palm of superior dulness will be no longer indisputable. After this statement, we cannot take a more appropriate opportunity of announcing that this singularly obtuse gentleman will, in the next week, regale his reduced circle of readers with another diatribe against **THE LANCET**, to show the mischief of giving publicity to medical proceedings.

## MIDDLESEX HOSPITAL DINNER.

The Anniversary Festival of this Institution was celebrated at the Thatched House Tavern, on Wednesday last. The DUKE of NORTHUMBERLAND presided, and was supported on his right hand, by Lord R. SEYMOUR, and on the left by Lord BOLTON. The members for the county, Mr. BYNG, and Mr. W. WHITBREAD, and many other distinguished persons, as well as most of the professional gentlemen connected with the institution were present on this occasion. As soon as the cloth had been removed, and the Grace of the Wyckamists sung by Messrs. BROADHUST, TEARAIL, &c.,

The Noble CHAIRMAN gave the KING, the munificent Patron of the Institution.

The toast was drunk with enthusiasm.

Lord ROBERT SEYMOUR said he could not take a better opportunity of announcing to the company, that he had received from his Majesty, though the hands of Sir W. KNIGHTON, a donative of 105l., for the use of this Institution; this being the twelfth donation, which his Majesty has made.—(Loud Applause.)

The Noble CHAIRMAN next gave ‘the Duke of YORK, and the Rest of the Royal Family,’ which was drunk with applause.

Lord R. SEYMOUR said, he now rose to propose a toast, which he was sure would be most cordially received by all present. All who were ac-

quainted with the history of Middlesex Hospital, must be aware, how much that institution was indebted to the kindness and munificence of the illustrious ancestor of the Noble Duke, who now filled the chair. He was sure every gentleman who now heard him, must know how much the charity owed to the Noble Chairman, not only for the liberal donations which had been received at his Grace's hands but for his having kindly consented to fill the chair on so many occasions, and with so much credit to himself. (Applause.) He felt that in the presence of the Noble Duke he must content himself with giving health and long life to his Grace, the Duke of Northumberland. The toast was drunk with loud applause.

The DUKE of NORTHUMBERLAND rose to return thanks. He assured the company that he felt most sensible of the kind manner in which they had done him the honour to drink his health. Attached as his family always had been to the interest of Middlesex Hospital, he could assure them that he would not relax in his efforts to promote those interests. He trusted he should have many happy opportunities of meeting them at future anniversaries, and of convincing them that he should be at all times most ready to do every thing in his power to promote the prosperity of so excellent an Institution. He hoped next year, to see all who were present this, and if any additional friends came to their anniversary, his satisfaction would be increased. (Applause.)

THE NOBLE CHAIRMAN in an animated and appropriate speech, next proposed the health of Lord Robert Seymour, and the other Vice-Presidents of the Institution.

LORD R. SEYMOUR returned thanks. He could not take a better opportunity of placing in the hands of the Treasurer, the sum of 100*l.* which he had received from one of their Vice-Presidents, Sir W. Pepys. He begged leave also to present to his Grace, and every man then present, the humble, but grateful thanks of the patients of that Hospital, for the assiduous care and unremitting attention which had been paid to them. He was aware that every gentleman who heard him might have been at this moment at some dinner party, where he might have passed his time more agreeably; but he was satisfied he could have attended none which afforded an opportunity of doing so much good to the suffering part of our fellow-citizens.—The beneficial effects of this anniversary would be best estimated by the results. The hospital was established in 1808; at that time it contained only four score patients, and now he had great satisfaction in stating that 196 patients were relieved. A gentleman lately deceased was so sensible of the value of this anniversary dinner that he left in his will a donation to perpetuate it: he approved of the good sense of this individual, though, as his affairs were in Chancery, none of them would probably ever live to see the money given to the institution. —(*s laughs.*)—He (Lord R. S.)

was most sensible of the honour which had been conferred upon him, and begged leave to drink the health of all present. The next toast was, "The Subscribers to this Hospital," which was drank with applause.

"*Green grow the rushes Oh!*" was sung with much sweetness by Mr. BROADHURST.

The Treasurer (Mr JONES) read the annual report. Among the donations of last year were 100l. from the Duke of NORTHUMBERLAND, 100l. from Sir W. PEPPYS, 100l. from W. H. TRACT, Esq., 31l. from the Lord CHANCELLOR, and 1000l. from Lord Robert SEYMOUR. The latter donation was followed by long continued applause. The announcement of an annual subscription of 10l. 10s. from Prince POLIGNAC, the French Ambassador, was also received with similar testimonies of approbation.

The noble CHAIRMAN said he should propose a toast which they were in duty bound to drink, after the announcement of the munificent donation of 1,000l. which they had just heard, the health of Lord R. SEYMOUR. The toast was drank with loud applause.

Lord R. SEYMOUR said he was sure the company must be perfectly tired of hearing him, but he could not but rise to return them his best thanks for the compliment which they had just paid him. With respect to any amount of assistance which he had been able to afford for the relief of his fellow creatures, he would only observe that he had him-

self great reason to be indebted to the medical skill of that Institution, by which so much human misery and suffering were alleviated. He certainly professed himself to be one of the most zealous friends of Middlesex Hospital. He knew its merits from constant personal observations and inspection; he was constantly in the habit of visiting the wards, and he always found the medical officers, physicians, and surgeons at their post. (Applause). He wished he could say as much of other Institutions of the same nature. The Noble Lord concluded by giving the health of the medical officers connected with the Institution.

Dr. LATHAM returned thanks for his colleagues and himself. They certainly felt the deep responsibility which their office imposed upon them, and they had endeavoured, as far as possible to discharge their duty. The approbation which their endeavours to give effect to the benevolent objects of the Institution had that day received constituted their best reward.

[At this period, the Noble Chairman retired, and the chair was taken by Lord R. SEYMOUR].

The health of the County Members was drank, and Mr. BYNG returned thanks.

The healths of the Treasurer and the Stewards were drank; several other appropriate toasts were given, and the conviviality of the evening was kept up to a late hour.

## CHEMISTRY.

In our journal of last week we detailed some experiments which seem to prove that the matter of heat is liberated when bodies pass from a denser to a more enlarged state. If this was a constant and unerring effect when bodies so changed their states, we might be disposed to believe, in union with our chemical brethren, that the matter of heat is actually absorbed, or combined with bodies, when they enlarge in their dimensions, and that to this circumstance alone bodies might owe their particular state, in the scale of densities. This effect, however, is not general, and as there are several phenomena connected with this part of the subject of our inquiry constantly taking place in our experiments which seem to impose a contrary opinion, we naturally feel more dissatisfied with the present theory of latent heat, and look for some more rational solution of the problem. Previous to giving our own opinion on this subject we shall state a few of the experiments which we now allude to.

It is a familiar fact, that the explosion of gunpowder produces considerable heat. Perhaps it is not so well known that the whole of the gunpowder passes from the solid to the aeriform state in the act of explosion. The carbon or charcoal of the gunpowder is converted into carbonic acid gas, the sulphur into sulphuric and sulphurous acid gases, and the nitre to oxygen gas in order to form the acids in question. Here, then, we have every part of three *solid substances* instantaneously converted into *aeriform matter*, which

is the greatest change in the rate of expansion that can be effected; and yet instead of cold, which agreeable to the theory of latent heat ought to be intense, we have just the contrary effect produced, namely great heat. This circumstance if not alone sufficient to upset the doctrine of latent heat at all events offers as decided an exception to this latter part of the law which we are examining, (namely, that "all bodies passing from a denser to a rarer state absorb caloric") as the experiments we described in a former number do to the first part of our subject "all bodies passing from a rarer to a denser state give out caloric." Without further comment on this fact, we shall proceed to notice a few others equally decided in their results.

Take a few grains of fulminating mercury, and place it on paper—now touch this *solid powder* with the end of a glass rod moistened with sulphuric acid, or strike it smartly with a hammer on an anvil, and it will explode. During the explosion it will instantaneously be converted into *gaseous matter*, and yet, instead of cold, great heat will be produced.

The explosion of fulminating silver, fulminating gold, &c. are striking instances of heat being produced by bodies passing from the solid to the gaseous or aeriform state.

This effect is not confined to explosive mixtures, for we find the same result take place when denser matter is passing to a rarer state, through a more slow and gradual process: for instance; place a piece of the metal potassium into cold water, it will not

only take fire from the heat produced, but continue burning until the whole is consumed. Now, during this process, the metal is gradually decomposing the water and mixing with its oxygen which exists in the liquid, if not solid, state, and, in consequence of this decomposition, the hydrogen (also in the same state) is set at liberty and obliged to assume the *gaseous* form; we ask, whence comes the heat which sets fire to the potassium?

We might extend these experiments to considerable length; we deem it unnecessary, however, to do so; for when the reader recollects the facts we stated in our previous numbers, and observes the result of the experiments now detailed, we imagine, he must be convinced that the notion of latent heat is altogether chimerical, and, most probably, either the effect of limited or prejudiced experiment.

It is stated, in proof of the *materiality* of heat, that the sun is constantly sending caloric to this earth, in combination with light; which may be detected, by placing a delicate thermometer just beyond the red side of a ray or rays, of light when divided by the prism; a fact discovered by Dr. Herschel. We admit the fact, and for this specious reason—because we have seen it—Yet we do not believe that this heat, or the heating rays, as they are stated to be, emanate originally or directly from the sun; in fact, we have no belief that the sun itself is either fire or brimstone: neither do we believe that this earth was intended to contain such immense quantities of the “matter of heat” as must have inevitably

accumulated here since the creation, and as every body knows there is not really more matter of heat now present than there was twenty years ago, it is ingeniously said that “*Radiation* is constantly going on, which sends it back again as fast as it arrives;” a very beautiful arrangement for getting rid of the matter of heat, and only needs truth to be more interesting. Agreeably to this idea, the atoms of the “matter” of heat are like so many foot-balls or shuttlecocks between these two great orbs, or perhaps like a bundle of pith balls suspended between the positive and negative conductor of an electrical machine, passing rapidly from one body to the other: if this be the case they appear to us to take long journeys for nothing. The truth is, we have not wisdom enough to believe, in the materiality of heat, or faith enough to satisfy our minds agreeably to the principles of this theory, from the result of our own experiments.

#### ERRATA.

[In our last week's notice of the tests for morphine, we observe the words “soda water” used for solution of soda, and “hydrosulphate” for hydrosulphuret.]

#### HOSPITAL REPORTS.

##### GUY'S HOSPITAL.

THOMAS B. æt. 34, labourer, was admitted into accident ward of this hospital, on Thursday (May 13th), with concussion of the brain. Whilst ascending a ladder, he slipped his foot, and fell from a height of nearly sixteen feet. The accident hap-

opened at Newington, and he was immediately carried to a respectable surgeon in the neighbourhood (Mr. GALE). At this time his pulse was sixty, and small—body cold—pupils not dilated—face turgid—a little spirits, and water were given him, and he revived a little, his pulse becoming fuller and body warmer. About six or eight ounces of blood were then abstracted from the arm, and the patient was brought in a coach to the hospital.—On the road there was a considerable variation in the state of his pulse, sometimes it was full and quick, 104; and at others, small and slow. On his arrival at the hospital (2 o'clock, p.m.) about two hours after the accident, the breathing was stertorous, the pupils dilated, but on exposure to the light of a candle contracted; the pulse between 60 and 70, but small. The patient was nearly insensible, and unable to answer any questions that were put to him; he vomited a little, and his urine passed off involuntarily.

The head was shaved, and wet cloths applied to it, but were discontinued towards evening. The man was ordered to be bled in the evening if his pulse rose, and at 9, p.m. it being near 80 and full, eleven ounces of blood were taken from the arm.

May 14th, 10, a.m.—Blood dark but not inflamed; appeared relieved by the bleeding: breathing natural; pupils less dilated; pulse 112, strong; tongue covered with a thick white fur, edges clean; skin hot. He was bled again, and

during the flowing of the blood opened his eyes, and answered one or two questions that were put to him; an aperient injection was also thrown up the rectum. In the afternoon the bleeding was repeated, to twenty-six ounces, and seven grains of calomel, together with the same quantity of compound extract of colocynth were given him. After the bleeding, he was very restless, tossing himself to and fro in the bed. In the evening the pulse became strong and he was again bled—obliged to be strapped down—feet cold, warm bricks applied to them—has had a motion under him. During the two following days, he continued nearly in the same state, pulse often varying; he was again bled from the arm, and also cupped, after which he appeared relieved, but only for a short time. On Monday morning, (May 17th), he was bled from the temporal artery to the amount of twelve ounces; in the course of the day the pulse became extremely quick, one hundred and fifty-six small; respiration frequent, 42 and hurried; extremities were warm; bowels opened by some (five grains) calomel which he had taken the preceding day. In the evening his pulse increased a little in quickness; his countenance was pale and sallow; constantly grunting; mucous rattle. He continued in this state till three the next morning when he became quiet, and remained so for three hours when he expired. The patient had a slight paralysis of the right side, for whenever it was attempted to move the lower

extremity it might be done with great facility, but when the left was touched, great resistance was offered. During his illness the patient was allowed to take cream of tartar drink, a little broth, or lemonade; but nothing more stimulating was given.

The head was examined six hours after death in the presence of several pupils. CRANIUM perfectly natural, with the exception of that portion just above the right superciliary ridge which was a little depressed, and on this part he is supposed to have pitched when he fell. DURA MATER healthy. Sinusses nearly full of coagulable blood. PIA MATER rather vascular anteriorly, but that part covering the upper and posterior half of the hemispheres of the cerebrum was quite scarlet stained from blood extravasated between it and the brain.—Brain itself tolerably firm, and studded with minute red points, but in several places, particularly the right hemisphere, there were small perforations some of which would admit a probe. Ventricles containing rather more fluid than natural, which was of a dark colour. No disorganization of any part at the base of the brain observed, but the tunica arachnoides in several parts was opaque.

No other part of the body was examined.

The principal accidents admitted this week are three injuries to the head, and a fracture of the ribs. No operations have been performed.

## ST. THOMAS'S HOSPITAL.

### *Amputation case continued.*

May 20.—The man whose case we detailed in our last is going on very well. The stump is nearly united. The ligatures are come away, and the patient's general health is considerably improved.

The accident admitted this week are a fractured tibia and fibula, a fracture of the tibia.—Do. of the fibula.—Case of concussion.

This hospital is at present undergoing considerable repairs, and we think the present a fit opportunity to recommend to the managing officers of this institution to pay some attention to its ventilation: we are fully aware that considerable difficulty will attend the adoption of an improved system of ventilation, but it is not impracticable, and the benefit that would arise from it will be incalculable. We do not think it necessary to go at length into the subject, for we hope that the suggestion will be attended to.

Erratum in our last report: for *fluxus purulentus read fluxo purulento.*

## ST. BARTHOLOMEW'S HOSPITAL.

Jane B. aet. 59, of rather an impure complexion, was admitted on 11th inst. (May 13th), with a compound fracture of the tibia, as mentioned in our last report.

Friday, 14th.—Passed a very restless night, and disturbed the limb and joints a good deal.

Pulse 55, temp. 98.5, and weak.



tongue clean; bowels open; considerable tumefaction of the limb, to which 12 leeches were ordered to be applied.

15th.—Slept well during the night; pulse 80; tongue clean; bowels regular; appetite good; wounds looking healthy, dressed with simple dressing.

16th.—Feels comfortable; much the same as yesterday.

17th.—Passed a good night; pulse low; tongue clean, but rather dry; a slight degree of fever. Mr. LAWRENCE saw the wounds to day; they had assumed a brown sloughy appearance. A pint of port wine daily was ordered; bread and water poultice to the leg; the patient to be laid on her back, and the limb in a fracture-box.

18th.—Passed a comfortable night and slept well; pulse 89; tongue clean; appetite good; wounds; a little sanguinolent from the wound. Towards evening the pulse rose, the patient complained of heat and thirst; wine discontinued.

19th.—Slept well; pulse 75; tongue clean; appetite good; fever disappeared; wounds look much better; wine to be allowed as before.

On Monday (May 17th) about twelve o'clock, JAMES A— was brought into this hospital, having fallen from a window of the second floor, while employed in cleaning it. His right thigh was fractured about four inches above the knee—the upper part of the bone protruded an inch through the integuments. The patella of the same side was broken into several pieces. The leg and foot were

broken about three inches above the knee, and the patella fractured transversely.—No injury whatever of the cranium or its contents, the man being perfectly sensible, and answering every question in the most rational manner. The portions of the fractured patellæ were brought together, and retained by strips of adhesive plaster. A long splint, extending from above the trochanter, one on each side, to the foot, and shorter ones on the inside of the thighs, retained the limbs in their straight position. The patient was placed on Mr. EARLE'S bedstead, in a half sitting posture. In the evening, the pulse was full and strong, beating 70 in a minute.

Tuesday, 18th. Did not sleep at all during the night.—Delirious at intervals. Pulse 80.—Tongue Clean.—Appetite bad.—Feverish towards the evening.—V. S. ad. 3 xvi.

19th.—Passed a restless night; still occasionally delirious; pulse 85; skin, hot; tongue, dry and whitish; eyes, heavy; countenance, pale and quite fallen. The patient was visited by Mr. LAWRENCE to day, who ordered (for what reason we know not) the legs to be kept in the bent position, the long splints to be taken off, and short ones applied; how the union of the patellæ can be effected in this way, we cannot possibly conceive.

The man with cut throat in our next.

The accidents this week, besides those we have mentioned, are a broken leg, wound of the foot, dislocation of the humerus.

extremity of the clavicle, and a severe burn.

### *Election of an Assistant Surgeon.*

On Wednesday last the election for the assistant surgeonship came on; the gentlemen who canvassed were Messrs. LLOYD, SAMUEL COOPER, SKEY, and WORMALD, but this last gentleman withdrew from the contest a week before the day of the election, and employed his influence for Mr. Cooper.

The state of the poll was for

Mr. LLOYD.....92

Mr. COOPER.....80

Mr. SKEY.....21

Majority of 12 in favour of Mr. LLOYD.

One of Mr. COOPER's friends, so enthusiastic in his cause, threw into the cup two papers instead of one, on which they were both withdrawn, and the gentleman was not allowed to vote. If this mistake had not occurred, the majority in favour of Mr. LLOYD would have been eleven. The custom of electing hospital apprentices only, as surgeons to public hospitals has been departed from in this instance, a precedent which we shall be glad always to see followed, provided the candidates who have not, are more competent than those who have served an apprenticeship at the hospital.

### MIDDLESEX HOSPITAL.

*Continuation of the case of D. Lary.*

The discharges were again removed to the hospital.

lations may still be noticed, both on the scalp and dura mater. The former healthy stage of suppuration has however given way to another of a less promising description; the discharged pus being at present of a less viscid consistence, of a darker colour, and of an extremely fetid or azotic odour—his bowels were well open last night—his pulse is 90, vibratory and wiry to the finger—his countenance is flushed, and the tongue furred and of a yellowish brown colour. The pain in the chest has been in some degree relieved by the blister, although there is an evident oppression still existing in that quarter. A tumour appears to be forming at the upper part of the sternocleido-mastoideus muscle, which is hard and inflamed. Six leeches were ordered to be applied to it, and afterwards epithems of cold lotion—the same draughts continued.

May 13.—Bowels open twice since yesterday morning—the skin is moist but rather above the natural temperature—tongue furred, of a dark yellow colour and dry—radial artery gives 86 beats in the minute, with a jarring sensation to the finger—Another tumor has now made its appearance over the left clavicle\* near its articulation to the sternum, to which a poultice has been applied.—The swelling alluded to yesterday has in a measure subsided, nothing remarkable presented itself on its being pressed. His respiration is frequent, oppressed, and anxious, to which great prostration of the

\* There had been great pain and swelling over the sternum and clavicle.

vital powers may be added.—  
The draughts continued

May 14.—Pulse 90, weak—  
tongue furred, of a brownish colour and dry—bowels open last night copiously—skin dry—the quantity of the pus discharged is somewhat diminished, and its quality is not improved.—a part of the frontal bone above the left orbit has at the same time lost its vascularity, and has put on a dirty white appearance, as if in anticipation of the process of exfoliation.—Irritable and restless, sensorium affected, and powers of life at a low ebb—Former medicines discontinued.

R: Tincturæ Scillæ m x.

Spiritus ætheris nitrici 3j

Liquoris ammoniæ acetatis

Misturæ camphoræ aa 3 vi  
fiat haustus quarta quaque hora  
sumendus.

White wine whey was ordered to be given him. In the evening his pulse became more frequent and weak, his breathing more laborious and oppressed, and low muttering delirium followed, which, during the night, assumed a more violent character. His skin was hot and rather dry.

May 15. From this period the pectoral, or pulmonary symptoms took the lead, and became perfectly unequivocal and decisive. To-day he lies in a listless dormant state, almost comatose.—Pulse 96, weak and fluttering—Tongue dry, and of a brown colour—Skin covered with a cold perspiration—His respiration is oppressed, hurried, and performed with great difficulty, apparently by the diaphragm and abdominal muscles alone, which are in unceasing and violent action. The tumor on the left side of the sternum has been punctured by the

lancet, and a considerable quantity of matter discharged. There is still, however, an evident pulsation in it.\* The granulations on the scalp have in a great measure lost their former healthy appearance, and the pus discharged at present is very inconsiderable in quantity, of a less viscid consistence, and of an extremely disagreeable odour. The dura mater, however, still retains in some degree its ill-healthy aspect, with the exception of a small spot below the inferior margin of the trephined os frontis, where a disposition to slough has manifested itself.—His wine was increased to 3 viii. and some brandy was likewise ordered him.—Draughts as before.

May 16. Lies in a comatose state.—Respiration difficult and hurried.—Pulse rapid and indistinct.—The wound was dressed in the afternoon, and exhibited the same appearances.—The pulsation through the dura mater was very obvious, but at the wrist it could not be felt.—Extremities growing cold.—Moribund.—An additional quantity of wine was given him.

May 17. The symptoms already

\* Mr. CARTWRIGHT remarked, that the pulsation in this tumor might probably arise from a collection of matter in the anterior cavity of the mediastinum, which, upon examining the body after death, was discovered to be correct.—There was also a collection of matter generally in the cavity of the thorax, communicating with the tumor by means of a small sinus between the cartilaginous appendices of the first and second ribs. The sternum was fractured across at its upper part. A very superficial examination was made in consequence of the hostility manifested by his family. The head was not examined.

described still continued, and did not exhibit any marked aggravation previous to his death, which happened about 6 o'clock P.M.

**Errata.**—In the report of this case in our last number, page 214, first column, twelfth line from the bottom, for "singulum," read "singulam." A few lines farther down, for "right," read "left;" and at the top of the next column, for "dextrum," read "sinistrum."

### ST. GEORGE'S HOSPITAL.

Friday May 14.—Mr. BRODIE amputated the thigh of a man, aged 28 years, who was afflicted with a disease of the knee joint.

Having made the first circular incision, four inches above the knee, Mr. Brodie found that the integuments were not completely divided, therefore it was carried deeper down to the muscles. After the limb was removed, a considerable difficulty was experienced from the arteries being numerous, and the ligatures slipping off one or two of them, which required to be again secured. It was found to be impossible to take up one with the tenaculum, so, after two or three futile attempts, Mr. Brodie ran a curved needle round the vessel, including the surrounding parts for an eighth of an inch, and by tightening the ligature the bleeding was stopped.

On examination of the knee, after the operation, an abscess was found in the joint, containing four ounces of pus, and the cartilages were in part absorbed.

Monday, May 17.—An operation for Popliteal aneurism was performed by Mr. EWBANK upon JAMES HEATH, aged 28 years.

The patient stated that the disease arose from a fall when walking; that he felt no more pain at the time than ordinarily attends a sprain; but in a few days he discovered the tumour in the ham, and came into the hospital, a fortnight ago, four or five days after the accident. The aneurism was now in the ham, about the size of a hen's egg, but there appeared to be a quantity of blood extravasated in the course of the artery. Mr. Ewbank first made an incision nearly midway between the knee and the pubis, at the edge of the sartorius muscle, and three inches in length: the muscle was then turned aside, the sheath of the femoral artery cut through, and that vessel tied; but a little difficulty arose from its adhering closely, and rather firmly to its sheath. When the ligature was tightened, all pulsation, of course, ceased in the tumour; and the edges of the wound were brought together with adhesive plaster.

### WESTMINSTER HOSPITAL.

Saturday, May 15.—Mr. WHITE operated upon a man for Hydrocele, a tailor by trade, and about fifty years of age.

The operation had been repeatedly performed in this case, but the tunica vaginalis had never been injected, and the disease had constantly returned. Mr. White introduced the trocar an inch to the right of the raphe, at the

most depending part of the scrotum, and in an oblique direction a little upwards and outwards, when about a pint of clear watery fluid was evacuated. A mixture, of one third of port wine, and two thirds of water, was then injected, which was suffered to remain five minutes in the scrotum, before it was expelled.

We stated in our report of the first of May, the circumstance of Mr. Lynn, jun. operating upon John Shadd, for Hydrocele (or rather Hematocele) and that the scrotum again became distended in a few days afterwards, as much as before it was performed. On this man M. LYNN jun. therefore operated to day, but in a different manner. He first made a straight perpendicular incision, two inches in length, on the left side of the raphe, commencing one inch below the pubis; the fluid was next evacuated, and a varicose vein, of the size of a common hazel nut tied; the wound was dressed with pieces of lint dipped in oil, to allow adhesions to take place by the suppurative process. The scrotum was found much thickened, and the disease only extended over the left side of it, leaving the right perfectly free.

After this, Mr. WHITE amputated the leg of Thomas Walsh, three inches above the knee, but as the patient was a little boy of the same age, and the circumstances of the case similar to that of Christopher Naron, which we detailed last week (excepting the duration of the disease, which, in this was four years, and the cause was a fall) we shall not enter further into it. The only accident admitted since our last was that of a man who was bruised in his

scrotum, penis and pubic region, by the fall of a large stone.

## Foreign Department.

### NEW METHOD OF DESTROYING STONES IN THE BLADDER WITHOUT THE OPERATION OF LITHOTOMY.

At a meeting of the ROYAL INSTITUTE OF FRANCE, held on the 22d of March last, M. le BARON PERCY read a report on a paper by Dr. CIVIALE, entitled, *New method of destroying stones in the bladder, without the operation of Lithotomy.* The report after giving a history of the different means that have been employed for this distressing complaint, notices those which have been more recently proposed, with a view to avoid a very painful and dangerous operation. Belonging to this class, is electricity which by means of the voltaic pile, is capable of dissolving the stone; but numerous obstacles oppose themselves to the complete success of this ingenious method. Various mechanical means have been tried for the purpose of breaking and destroying stones in the bladder. All were aware of the great advantages to be derived from this plan but no one had yet devised an instrument that could be used with success. But in July 1818, Doctor CIVIALE presented to the Minister of the Interior, a description of an instrument, capable of destroying stones in the bladder, without having recourse to the operation of Litho-

tomy. This was immediately submitted to the SOCIETY of the FACULTY of MEDICINE at PARIS. The first thing to be done, and perhaps the most difficult of all, consisted in introducing a strait sound into the bladder. One cannot determine if any of the medical men who claim the invention of the strait sound, had really employed it before M. CIVIALE, but the fact is, that DESAULT, DESCHAMPS, and LASSONNE, had conceived one of the same kind, and had even found some old sounds which were entirely straight. It is with the first introduction of the straight sound that we must begin; and M. CIVIALE soon acquired the tact of making it as well as a curved one. Into this sound M. CIVIALE introduced another, which was also straight and hollow, but made of steel, and having three very elastic branches close to each other, curved and not visible whilst they were enclosed in the principal sound, which served as a kind of sheath for them; and when pushed forwards, they opened by means of a spring, and formed a kind of cage, into which the stone is made sooner or later to enter, and then it is immediately closed by drawing the sound back.

Into the second sound, or rather in that part of the cylinder forming the forceps, is a long steel stilet which enters it, may be moved about with ease, and which is terminated between the branches of the forceps, by a file, small circular saw, a pyramidal trophine, or

simple four-sided needle, according to the thickness and supposed nature of the stone. This being well fixed, the moveable stilet is pushed forwards, and by means of a pulley with which it is provided at its outer end, a dial on which it is wound up, and a long horse-hair bow, it is made to turn in the same manner as when a hole is bored in a metal plate. In proportion as the operation proceeds, the stilet is made to act against the stone.

However ingenious this contrivance might be, it was important to see how it would answer on the living subject.—Already had experiments, performed on animals and dead persons, given great hopes that it would succeed on the living, when M. CIVIALE had an opportunity of using it on three individuals, the subjects of stone, and who wished to have the instrument tried on them. The experiments were tried in the presence of M. M. LARREY, GIRAUDEY, SEDILLOT, MAGENDIE, SERRES, AUMONT, &c. In the first person on whom it was used, the instrument was introduced without any difficulty, and after a few attempts the one was broken, reduced to powder, and entirely expelled from the bladder in the urine. In the second, the stone had been produced by the introduction of a kidney bean into the bladder, and thus it was found that a stone had formed round this foreign body, of which they were able to detect some vestiges. The third person is in a fair way of reco-

very. These operations will be followed by several others, and every thing leads one to hope that French surgery will be enriched by a new remedy, both prompt and certain for the cure stone.—*Revue Medicale, April.*

Valuable as we conceive this instrument to be, the one invented by Mr. Weiss, for the extraction of stones from the bladder, is not less useful. We shall take an early opportunity of giving a plate and description of it.

The extraordinary woman who was presented before the Academy of Science at Paris, an account of which we gave in a former number, underwent the Cæsarean operation, from the effects of which she perished.—The child is also dead.

### ANECDOTE.

CORBUS, the Physician, who was accustomed to receive his fees only at the termination of his patient's disease, describes in a facetious epigram, the practitioner at three different times, in three different characters.

Tres medicus facies habet, unam quando rogatur  
Angelica: mox est cum juvat, ipse Deus;  
Post ubi curate, poscit sua præmia morbo.  
Horridus apparuit, terribilisque sathan.

Three faces wears the doctor; when first sought;  
An angel's—and a god's the cure half wrought;

But when that cure complete, he ends his fee.  
The devil looks less terrible than he.

The epigram of CORBUS is illustrated by the following conversation which passed between BOUVART and a French Marquis, whom he had attended during a long and severe illness. As he entered the chamber, on a certain occasion, he was thus saluted by his patient: "Good day to you, Mr. Bouvart, I feel quite in spirits and think my fever has left me."—"I am sure of it," replied the doctor, "the very first expression you used convinced me of it."—"Pray explain yourself."—"Nothing more easy. In the first days of your illness, when your life was in danger, I was your *dearest friend*; as you began to get better, I was your *good Bouvart*; and now I am *Mr. Bouvart*: depend upon it you are quite recovered." *Ward's Nugæ Chirurgicæ.*

### NOTICE TO CORRESPONDENTS.

We feel greatly obliged to W. W., he shall hear from us in a few days.—The college of Surgeons in our next.

We intended to have given, in the present number, a description of Mr. EARLE's fracture-bed, accompanied with a Plate; a press of matter, however, obliges us to postpone it to next week.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital,*  
*MONDAY EVENING,*  
*April 26, 1824.*

### LECTURE 58.

THE first subject on which I shall this evening engage your attention is, enlargement of the prostate gland. There are three species of disease, exclusive of the formation of calculi, by which this gland is affected; now the one which I shall first describe to you, is

#### *Acute Inflammation of the Prostate Gland.*

This complaint is not confined, like the chronic enlargement, to late periods of life, but attacks persons of any age, and generally terminates in suppuration. The most prominent symptom which characterises this complaint is violent pain immediately after discharging the urine, and in this respect

the disease resembles stone. As the inflammation advances, the swelling of the prostate produces retention of urine; this may be relieved by a common catheter, it will answer the purpose well, and for this disorder the prostatic catheter will not be necessary.— Well, having passed a catheter, matter comes away through it, and the person for a time will be relieved. The

#### *Medical Treatment of Acute Inflammation of the Prostate Gland.*

Consists in taking blood from the arm, and administering mild laxatives, together with antimonial medicines. Generally speaking, the disease is not so clearly manifested by the symptoms as to satisfy your mind of its true nature, until the matter escapes by the catheter; this, coupled with the other appearances, stamp its true character. Rigor does not attend the formation of this matter. The next kind of enlarged prostate that I



shall describe to you, may be called

*The Chronic.*

It is the consequence of age and not disease; when this affection produces partial retention of urine, it should be considered as a salutary process, for it prevents incontinence of urine, which, in old people, would be almost constantly taking place, were it not for this preventive. It makes the urine pass slower than natural; but this may be excused when it is the means of preventing a continual wetting of the clothes. Well, then, the first circumstance by which you know that an old person has chronic enlargement of the prostate gland, is the length of time he requires for the purpose of voiding his urine. You all of you must have observed that an old gentleman is twice as long, when engaged in this process, as a young one, and this is the first thing that attracts the patient's attention. Well, the next thing noticed is, that the urine becomes of a particularly powerful smell; this arises from its being ammoniated, in consequence of some urine remaining in the bladder after each discharge; remember therefore, that in this complaint the

whole of the water, each time it is attempted to be expelled, does not pass away. The next symptoms observable, are pain and numbness in the glans penis;—the prepuce not possessing its usual sensibility—soreness, weight and uneasiness in the perinæum, which are relieved with pressure by the finger—pain in the back of one or both thighs, in the loins, and at the origin of the sciatic nerve and course of the ureters—the feces are flattened, the reason of which is, that pressure has been made upon the rectum by the swollen gland. Persons having enlarged prostate for any length of time, generally have likewise prolapsus ani and hemorrhoids; when the enlargement of the gland is considerable, the patient will kneel, resting upon his hands with his knees widely distended, and thus continue for a tedious time to pass only a few drops of urine, after the most persevering efforts, and in the most excruciating pain. Besides, what I have already stated, the ammoniacal smell of the urine, as the disease advances, becomes highly offensive, and at length the urine itself becomes white or milky; this appearance shews

that the inflammation has extended to the mucous membrane of the bladder. If the urine be retained much, it has the appearance of coffee, occasioned by an admixture of blood with it; this leads many practitioners to suppose for the moment that the case is one of stone; but if you question the patient for a few moments, your doubts on this point will be removed. If you desire him to stand up and jump firmly on the floor, he will do so; if you ask him whether he can ride over a rough road without much pain, he will tell you that he can; such doings and replies as these you would not obtain from a patient with stone.

At length the enlargement of the prostate in many cases will proceed until it occasions complete retention of urine; this, however, may be the effect of retaining more urine in the bladder, and for a longer period than it ought, or it may have been the result of checked perspiration, either from cold weather, or from having imprudently laid aside some flannel covering; when the retention has been brought about by either of these latter mentioned causes, in conjunction with an

enlarged prostate; exciting on such persons violent perspiration will often afford a means of relief.

When you introduce a catheter into the bladder of a patient having chronic enlargement of the prostate, you will find the urine of a very high colour, and of an exceedingly offensive smell. Well, then, such are the symptoms which accompany this kind of enlargement of the prostate gland; at least they are such as I witness. Upon

#### *Dissection.*

Of those who have died with this disease, and without dissection, we know nothing at all of the matter; the prostate is found enlarged sometimes laterally, but most frequently the enlargement is in the posterior part, situated in the middle or third lobe. Well, as the prostate enlarges it becomes pushed forward, and in consequence of this the urethra becomes curved immediately before the apex of the prostate; indeed, the coming forward of the prostate causes the urethra almost to double upon itself; the curve thus formed is situated at the symphysis pubis. It is in this situation that the difficulty is found

on passing the catheter in diseased prostate. Well, tracing on the course of the urethra, that canal behind the curved part is seen much enlarged—the next thing we notice is that the urethra itself is considerably elongated, that is, from an inch and half to two inches; this increase of length is behind the pubis and it is owing to this circumstance that you are under the necessity of carrying on the catheter so great a distance after its point has passed the arch of the pubis. Well, then, as to the prostate itself we find that it may increase to a most enormous size laterally without giving rise to retention of urine. But that enlargement which occurs posteriorly in the third lobe (and which you have an opportunity of observing in the preparation now passing round the theatre) frequently occasions retention of urine, for the enlargement is situated immediately behind the orifice of the urethra, thus the urine collects behind the swelling, presses it upon the mouth of the urethra, and forms a complete barrier to its passage. It is of great importance for you to understand this; indeed a correct knowledge of the morbid anatomy of the parts is altogether of

consequence because if you have not this information you would find the greatest difficulty in the introduction of the catheter, whereas if you possess it there will be no difficulty at all, and the urine may be drawn off with the greatest facility. It was owing to the imperfect knowledge of the anatomy of these parts that retention of urine formerly proved so often fatal, which occurrence is now very, very rare; the reason is that within the last forty years frequent dissections have caused these diseases to be well understood and an improved mode of treatment has been the result. Well, then, although the enlargement of the middle lobe of the prostate will give rise to retention of urine by plugging up the orifice of the urethra, yet the lateral enlargement, although of great magnitude does not occasion any such effect. That you may be enabled perfectly to comprehend what I have been stating to you, I will send round for your inspection different specimens of the diseases which I have noticed.—(The learned Lecturer here delivered several preparations to the students.)

Well, Gentlemen, behind the prostate we frequently find sacs

formed in the coats of the bladder, here is a preparation in which you see nine; here is another with I believe as many; these sacs are produced in the following manner: the muscular fibres of the bladder give way, and between these fibres the mucous membrane protrudes; thus in reality the sacs are elongations of the mucous membrane.

We also find the bladder much enlarged in this disease; the ureters, likewise, and also the pelvis of the kidneys.

Well, then, when diseased prostate exists, how are you to know it? what are the diagnostic signs? why, the enlargement laterally may be readily ascertained by introducing the finger into the rectum, but the enlargement of the middle lobe cannot be so learnt. Well, then, how? why, by the introduction of a catheter or bougie, and the latter is the best; it will be found to stop suddenly; for the purpose of drawing off the water you are then to introduce a catheter; the instrument will be resisted in its common course, and you must depress the handle exceedingly, with a view to tilt its point over the enlarged gland, thus the end of the instrument will be rising perpen-

dicularly, as it were, behind the pubis.

These, then, are the means you are to employ to obtain a correct diagnosis. Now, with regard to the cause of retention of urine, in those cases of enlargement of the prostate where the disease exists in the third lobe, it generally arises from the urine having been allowed to remain in the bladder for too long a period, thus collecting in so large a quantity that the swollen lobe is pressed forward against the mouth of the urethra and thus closes the entrance to that canal.

With regard to the causes of enlargement of the prostate, it is often the result of libidinous age; old people frequently feel a greater degree of excitement than the constitution is capable of supporting, and disease is the consequence; powerful excitement is by no means desirable for aged individuals. I shall next proceed to consider the

#### *Treatment of enlarged prostate.*

Very little can be effected here by medicine; it is a disease over which medicines have but very slight influence; you may however give the oxyuriate of

mercury in very small quantities, for I believe that I have seen it produce a beneficial result. But this is the treatment only for the enlargement of the gland; well, but when retention of urine takes place what plan of treatment are you to adopt then? When no urine whatever can be passed, and when there is great pain at the neck of the bladder? Why you must take blood from the arm, apply leeches to the perinæum, administer purgatives, and put the patient into a warm bath.

If these means should succeed in procuring relief, the best medicine that can afterwards be given for the purpose of preventing a return of the retention, ~~and~~ at the same time with a view of lessening the inconvenience which sometimes attends the complaint, is composed of fifteen drops of the liquor potassæ, five drops of bals copaliv; and an ounce and a half of mist camphor: If you give fifteen, or twenty drops of the balsam, it then produces a stimulating effect, and does harm; administer it in the quantity that I have just mentioned to you, in conjunction with the other medicines, to which you may add 3ij.

Mucilag: Gu: Acac: I was attending with Dr. KEY, a gentleman from the country, having this disease, and in whom it proved a source of much annoyance; we at first gave him ten drops of the balsam, with the other medicines; this quantity, however was found too stimulating, the dose was reduced to seven drops, and ultimately to five; after continuing it for a short time, we had the pleasure of sending this gentleman back to the country very much relieved; this medicine is by far the best remedy for this complaint that I am acquainted with. Other medicines, as the carbonates of soda, and magnesia, the liquor potassæ, and opium, are occasionally given, but as the latter produces costiveness, it is decidedly improper. I can assure you with much confidence, that the first medicine I described to you, will be found the best. It will afford considerable relief, which is all that you can expect, for you must not dream of obtaining a cure. When you are called upon to relieve retention of urine, from enlarged prostate, by the introduction of a catheter the instrument should be fourteen inches in length, and a

quarter of an inch in diameter. In consequence of the pressure within, a broad instrument will answer better than a narrow one, for being bulbous at the end, it will readily ride over the enlargement. When introducing the catheter, you will meet with no difficulty until you reach the curve, which the enlargement of the gland has produced in the urethra; the handle of the instrument is to be here slightly raised, for the purpose of insinuating the point through the curved part; having passed this, you are then to depress the handle completely between the thighs, so as to bring the point of the instrument immediately to rise perpendicularly above the pubis. Well then, that is the whole of the difficulty of introducing the catheter in this disease more than is experienced under ordinary circumstances; recollect after having passed the curved part of the urethra, the situation of which I have already explained to you, you are then to depress the handle as much as you possibly can; this will cause the point to enter the bladder between the pubis and enlarged lobe.

If any gentleman within these walls should ever be under the

necessity of puncturing the bladder for enlarged prostate, which I trust in God he will not, it must be done above the pubis, but it never need be attempted at all; if you can perform your duty. I have known enlarged prostate occasionally occur in very young people; an instance of this kind happened in the other Hospital; a boy was admitted, having symptoms of stone; but before I say more of this, while I think of it, I want to add a few words on the treatment of diseased prostate. An elastic gum catheter is sometimes kept introduced into the bladder; in passing an elastic gum catheter the removal of the stilette will sometimes cause it to enter with ease, when it would not previously pass at all. If it be deemed requisite to leave the catheter in the bladder, I should prefer one of pewter rather than elastic gum, for it can be curved down before the scrotum, and by plugging up the end, the patient may move about as he likes and at any time he wishes can expel his urine; thus the instrument becomes productive of great comfort; let me observe to you, that if you employ a pewter catheter, it should be quite new,

and not worn for a longer period than a fortnight, for the urine acts upon the metal, renders it brittle and will probably cause the instrument to snap if the time be extended beyond what I have stated. I just now mentioned to you, in reference to young persons having enlarged prostate, that a boy was admitted into the other Hospital, having symptoms of stone, in consequence of which he was sounded, and the operation of Lithotomy, was going to be performed; the sounding however, brought on inflammation of the bladder, which terminated in the boy's death; upon dissection it was found, that the symptoms for which he had been sounded were produced by an enlarged prostate gland. I have one other observation to make; persons will come to you for some supposed complaint in the bladder, and upon inquiry, they will tell you, that they can pass their urine; now, if the disease consists of enlarged prostate, some urine will still remain; desire them, therefore to make water, and then introduce the catheter; if the case be one of enlarged prostate, you will be enabled to draw off, from half a pint, to a pint of urine, having

a strong ammoniacal smell. A Gentleman about six weeks since, called upon me, whose case was similar to what I have just stated; upon inquiry as to whether he had passed his urine, he told me, he had just done so; upon introducing the catheter, I drew from his bladder a pint of urine, having a highly offensive ammoniacal smell; you have only to teach a patient who is thus circumstanced how to introduce the catheter for himself, and his danger will be at an end.

The last circumstance connected with the prostate which I have to mention to you, is that you will sometimes find

### *Fungous Polypi*

growing from its base. Here is a preparation in which you have an opportunity of seeing the nature of the disease, and here is another of the same description; this specimen was taken from a man who lived in the neighbourhood of the hospitals. A catheter was passed into the bladder of this man, in consequence of retention of urine.—For nearly the whole of the day on which the instrument was introduced, he expelled nothing but blood—other at-

tacks succeeded this, and at length he died. The preparation now before you, was taken from his bladder. I am not aware of any plan of treatment that is likely to be successful for the removal of this disease; it appears to be entirely out of our reach.

### LONDON COLLEGE OF SURGEONS.

#### COURT OF EXAMINERS.

MR. ABERNETHY,  
SIR WILLIAM BLIZARD,  
MR. CLINE  
SIR ASTLEY COOPER,  
— DAVID DUNDAS,  
MR. FORSTER,  
SIR LUDFORD HARVEY,  
— EVERARD HOME,  
MR. LYNN,  
— NORRIS.

In a late number we called the attention of our readers to one infamous bye-law of this body, and have now to notice another, which was passed in the beginning of last year, not less atrocious or mischievous: we allude to the following.

"Candidates for the diploma will be required to produce, prior to examination, a certificate of having regularly attended three courses at least, of anatomical lectures, which have been delivered during the winter season; and also one or more courses of surgical lectures in LONDON

DUBLIN, EDINBURGH or GLASGOW." In our last article we briefly noticed that the College as it is now constituted, is not likely ever to pass any measure which will benefit the profession; we intend at present to bring the above regulation as another proof of the principle we then laid down, by shewing the reasons which induced the Court of Examiners to pass it; and before we have done we shall also prove that this bye-law as well as the one we last examined are both illegal. In order clearly to point out the real object of this measure, we have a few observations to premise. It must be recollected that nearly all the examiners have been, and that five out of the ten are still, hospital surgeons; that the anatomical lectures delivered at the hospitals with which they are connected are only delivered during the winter season, while there are other teachers unconnected with these institutions who give lectures on anatomy during the summer—what step do the examiners (two of whom are anatomical lecturers) adopt? Why, endeavour to crush the men, who oppose them or the schools in the support of which they feel an interest, by passing



a law which enacts that a student shall have attended three winter courses of anatomical lectures prior to his examination for a diploma, thereby rendering an attendance on lectures delivered during the summer, by the teachers who are opposed to the schools with which the examiners are connected, of no use as far as regards passing the college; it should also be particularly borne in mind, that at the time this regulation was passed, the very existence of the anatomical school at St. Thomas's was endangered by the successful opposition of another school, the one possessing a teacher (Mr. Green), at that time unpopular and disliked by the great body of the students, the other being conducted by a man (Mr. Grainger), universally esteemed. Bearing these facts in mind, it will be immediately perceived, what induced the examiners to pass this regulation to diminish the force of the opposition directed against the school, or schools, in the support of which some of them were directly, and all indirectly, concerned. We ask any man of common sense, whether this measure does not prove to demonstrate the truth of what

we have asserted, that no good law or regulation can ever be expected to emanate from the college, as it is at present constituted, for the very moment one or two schools, in opposition to those with which the examiners were connected, began to flourish, an order was issued by these men, the object of which is to subdue, by the arm of the law, what they or their dependants were unable to do by free and open competition. The man who robs another on the highway to satisfy the wants of hunger deserves some commiseration, but the conduct of men who enact certain measures, under the pretence of promoting chirurgical knowledge, yet with no other view than to defeat the exertions and, perhaps, ruin the prospects of individuals engaged in honourable opposition to them, admits of no palliation.

Seriously as this measure affected, at the time, those gentlemen who were in the habit of delivering anatomical lectures during the summer, still the evil inflicted on the profession, and chirurgical students in particular is by far the most serious, and that which should engage our attention. The evils arising from this measure to surgeons

students are the unnecessary *delay* and *expence* which it occasions in the study of their profession—it compels them to spend more time in town than may be convenient, and to expend more money than many may be able to afford, thereby increasing the already too numerous impediments that are thrown in the way of acquiring chirurgical knowledge. We have no desire that surgeons should be allowed to practise before they possess the requisite degree of information, but then the test of their knowledge should not be determined by the quantity of time and money employed in obtaining it, but by something more effectual, a test which shall shew whether they really possess or not the proper information. The measure, moreover, is unequal in its operation; it is placing the capacities of all on the same footing; it is forcing the man who is quick in the acquisition of knowledge to spend as much time in obtaining it as he who is dull and stupid. But this objection applies to all the regulations which require that so long a time should be spent in the study of the profession before a candidate for a diploma

can be examined, therefore we will leave the consideration of it for the present and consider the legality of the bye law; we think it can be shewn that this and the one we previously commented on, are both illegal.

It is a general rule, in law, that a corporation by charter cannot make bye laws inconsistent with the intention and object of its character,\* but ought to frame every law so as to advance the object of the charter.† Now the object of the charter of the ROYAL COLLEGE of SURGEONS in LONDON, as stated in the preamble, is the promotion and encouragement of the science and practice of Surgery. What can be more directly opposed to its intentions than a measure increasing so much as this does the expence of a Chirurgical education? We shewed when considering the former bye-law, that the freest competition would be the best means of promoting chirurgical science. This bye-law has a strong tendency to lessen competition; it drives out of the competition all those who cannot afford the additional expence created by the measure.

\* *Reg. v. Catbush & Barr*, 2004.

† *Reg. Ab. Bye law*.

Unfortunately too, the effect of every addition to the necessary expence of a surgical education, is, to exclude from the profession the very men who would be most likely to exalt the science. The science of surgery, like every other science, is to be acquired by industrious application—and by industrious application only. Who is likeliest to bestow the necessary labor? he who is poor, or he who is rich? he who has the strongest motives to exertion, or he who has scarcely any? he who has nothing but his professional abilities to trust to for existence, or he who is independent of them?—Surely he who is poorest, and who has consequently the most powerful incentives to application; and this is the man who will find himself excluded from the profession by this regulation.

Another rule of law is that every bye-law to be valid must be reasonable in itself;\* it must also be for the common benefit of the corporation, and not for that of a particular member or set of members only.\*

Is it "reasonable in itself"

\* Bac. Ab. By-law.

\* City of London v. Vaunder, L.D. Raym. 498. Goldab. 79. Bac. Ab. By-law, 540. Rex. v. Cutbush. 4. Barr. 2308.

that every student should be put to a £100 expence and be considerably delayed, in order to put money into the pockets of the examiners of the college? Is it for the benefit of the *whole* corporation that the power of lecturing should be confined to a few privileged individuals? Why the Examiners make these regulations is obvious enough. This junta consists as our readers well know chiefly of hospital surgeons, some of whom lecture during the *winter*. Here then is the reason for the preference shewn to hospital surgeons and *winter* lectures. The object of the bye-law obviously is to compel all students to attend their lectures, however superior those of any summer lecturer may be—in fewer words their object is to put money into their own pockets let chirurgical science fare as it may. What other reason can they possibly have for making these regulations? Will they tell us there is something in the nature of chirurgical science which prevents its being taught in *summer*? Is it so rare as to require condensation by the frosts of *winter* to fit it for conveyance to the minds of the students? Or do the authorities of the College intend to assert that nobody is or can be in

possession of it but themselves, and consequently that none but themselves can teach it ?

The King himself has not power to create a monopoly in favour of any person, yet this junta of petty tyrants arrogate to themselves the power of creating a monopoly and that too in their own favour !!!

Neither of the two bye-laws we have more particularly considered, have yet, we believe been ratified and confirmed by the Chancellor, Lord Treasurer or Chief Justice, or three of them pursuant to the statute 19th Henry VII. c. 7. The College is therefore liable to a penalty of forty pounds for each law made without such consent. We hope the Chancellor Treasurer and Judges will not be prevailed upon to ratify them, but if they do confirm them the question of legality will remain just where it is: for it has been decided that the approval of the Chancellor "doth not corroborate any of the ordinations made by any corporation but leaves them to be affirmed as good or disaffirmed as unlawful by the law, the sole benefit the corporation obtains by such an allowance is that it shall not incur the penalty of forty pounds."

We some time since recommended the profession to petition Parliament to abrogate the present, and grant them a new charter, which might so constitute the college, that the persons, having the power of making bye-laws should be elected by the whole body of the members of the College.

This recommendation we now most earnestly renew. Such a measure will be equally necessary, whether these odious bye-laws are put into execution, or annulled either by the Chancellor's and Judges refusal to confirm them, or by the Examiners themselves. For, as the College is at present constituted, it is not in the nature of things that any measure beneficial either to the profession or to society at large can emanate from it. It is an invariable law of human nature, that every man will, if he can, promote his own interest in preference to that of others; we may deplore the existence of this law; we may endeavour to hide it from ourselves; but we cannot alter it.

Wherever the power of making regulations for the government of a large number is placed in the hands of a few, this few can only be prevented from

ploying that power to promote their own sinister interests by the control of the large body. The only security we can have that they will exercise their power for the general benefit is their being both elected and removable by those whom they are to govern. The two bye laws we have been considering are proofs, if proof were necessary of the truth of the proposition that all men follow their own interests. These and most of the regulations which have emanated from this body, are calculated to promote the interests of the bye-law-making few, at the expence of the interests of the profession and of society in general. In most of them the promotion of Chirurgical Science on which the health and happiness of society so much depend, is, as might be expected, sacrificed to the capidity of the few in power.

To increase expence, to diminish competition, and thus to retard the progress of science in order to put money into the pockets of the Aristocracy of the College, are the only effects of many, perhaps of most of the bye-laws of the College.

## CHEMISTRY.

As we have in our previous numbers stated ourselves to be unbelievers in the present theory of Heat, we deem it but fair to follow the subject by stating to our readers what our private opinion on this may be; and we fully intended doing so in this number of our journal, but on preparing the subject for the purpose, we find that we cannot satisfactorily convey our opinions without first noticing some facts connected with the radiation and conduction of heat, and also with electrical temperature. We are therefore obliged to postpone it until we shall have noticed those further phenomena of heat, which will be necessary to be referred to, in support of our doctrine. In regard to these phenomena we shall first notice, the "*Conducting power of bodies.*" Experiment teaches us, that different substances conduct heat in different ratios; in other words, some substances permit or allow heat to pass easily through their bodies, while others will scarcely allow it to pass at all. These latter substances are called "good conductors of heat," while those which pass it with difficulty are called

"bad conductors of heat." If we take a rod of iron, and another of glass, and place the end of each in the fire, or in hot water, we shall find in a few minutes that the iron will be heated throughout the whole length of the rod, while the glass will scarcely have been increased in temperature beyond the point of contact. As the iron in this case becomes hot by allowing the heat to pass through or by its particles, the iron is said to be a *good conductor* of heat; while the glass refusing to suffer the heat to pass is said to be a *bad conductor*.

The conducting powers of bodies vary in almost every substance in nature, and frequently, when the other properties of any two substances are alike in every other respect, they differ in this; it is, therefore a subject which requires some attention by the practical chemist, and particularly by the experimental physiologist.

The relative conducting properties of bodies are said, like expansion, to be governed in some degree by their respective densities—the denser body conducting better than the rarer:—for instance, the metals are known to conduct heat better than wood, wood better than feathers, feathers better than down, down better than air, &c. This effect, however, is not general; in fact, the experiment above noticed with the iron and glass rods, prove the contrary; for glass is a denser body than iron, and yet we find it a worse conductor of heat. Cases so often occur, where rarer bodies conduct heat better than denser ones, that we are just as much disposed to adopt a contrary opinion respecting this law, as we have seen in regard to that of "la-

tent heat," and all that we can say practically on the subject is, that *density* has little or nothing to do with the conducting property of bodies. We shall, therefore, pass on to notice some of the facts connected with conduction, which may be more valuable.

All the metals conduct heat readily, but in different ratios with respect to each other; copper and silver perhaps conduct heat better than any of the other metals, and platinum the worst. The woods differ very much also in this respect. Liquids are stated by Count Rumford not to conduct heat at all; this however is incorrect; they conduct heat in every direction, although very badly. Aeriform bodies conduct heat rather worse than either; and hence the reason why plates or strata of air are made to surround ice-houses, viz. to prevent the external heat from entering and melting the ice in summer. We find that a curtain placed at a small distance from a window in the recess, so as to preserve a still plate of air between the room and glass, will render the room comparatively warm in winter; and in summer the same plate of air will keep the room cool, by preventing the heat from without, from entering the apartment. Double windows are preferable for this purpose, because they do not intercept the light; but we find that thin curtains are not inconvenient, and they act most probably in regulating temperature.

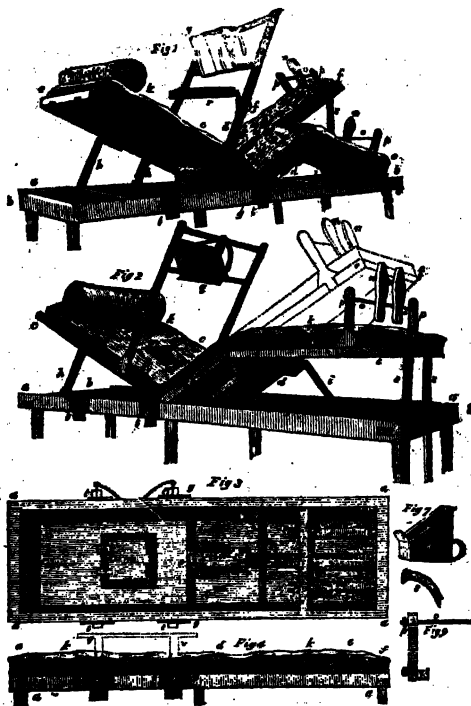
It is stated that "heat is the lightest body known; therefore it always has a tendency to ascend." We would rather say that *heated particles* of any matter whether of a solid, liquid, or aeriform be-

come specifically lighter by expansion, and therefore will rise when heated in a medium consisting of particles of similar specific gravities with themselves; as for instance, when some of the particles of water are warmed in a medium of similar particles, these heated particles will rise through those that are not so; and thus we find that hot water always rises to the surface of a vessel of cold. The particles of air which are heated in the atmosphere, always ascend and fly upwards, because they are expanded by the heat, and therefore rendered lighter than those around them, but if atmospheric air be heated and thrown into a volume of hydrogen gas, they will not rise, nor will the "heat ascend:" simply because the heated particles of atmospheric air remain still specifically heavier than the hydrogen gas. So also, notwithstanding hot water rises to the surface of cold, yet it will not rise through the atmosphere, unless, indeed it be so far expanded as to be converted into steam or vapour, in which case it is found to be specifically lighter. We may fairly conclude that in every case where heat appears to ascend, that it is not a property of heat itself, or the levity of its nature, but that it simply expands either the particles of some liquid, or air, which become specifically lighter than they were before, therefore rise upwards and carry the heat which they have acquired along with them; therefore, instead of saying that "heat is the lightest body known," we may with more propriety observe that heated particles of common matter are lighter than cold ones.

We are particular in exposing these errors, because they mislead the followers of truth and injure the true interests of science by impressing false notions on the mind, which are carried with all their baneful effects into every inquiry, and prejudice, as we every day see, even the results of experiments themselves.

Agreeably to the above law, water and other fluids are heated under common circumstances; by first heating the particles which are at the bottom of the vessel and in contact with the source of heat; these become specifically lighter by this means, and consequently rise through the fluid above to the surface, they are succeeded by another set of particles, by a third, &c., which heated, pass up in the same way, until the whole becomes of a given temperature. The heating of water is effected not by its conducting power, but by a change of gravity and situation. A piece of iron placed upright on the fire would, on the contrary be heated by the *conducting* property of iron, and not by a change in the situation of its particles, because they are solid and immoveable.

When liquid particles are compressed into solids they then conduct heat rapidly:—it is only their easily moveable state that appears to render them non-conducting bodies. As heated particles are lighter, and rise among cool ones, we may expect that cool ones will consequently fall amongst warm ones, this is really the case, and proves the reason why some situations near the sea are comparatively warm during the winter season.



### MR. EARLE'S FRACTURE BED.

#### *Directions for using Mr. EARLE'S Fracture-bed.*

During long confinements to bed, particularly when it is necessary to preserve the same position for weeks and even months together, it is of essential importance to the comfort of the

patient, and often to the success of the practitioner, that great attention should be paid to render the bed as permanently level and smooth as possible. This I consider of so much consequence as to merit the attention of the surgeon, who ought never to place a patient under



such circumstances on any bed, until he has himself minutely examined it. To some gentlemen this may possibly appear unnecessary; but I can practically assure them, that this little preliminary trouble will very often save them much subsequent anxiety and vexation, and mainly contribute to the happiness and comfort of their patients.

In constructing this apparatus, I have bestowed considerable pains in endeavouring to alleviate the sufferings of persons labouring under various accidents and diseases; in doing so, however, I have by no means exempted the surgeon from that part of his duty which I have before alluded to, and in the employment of this bed, I would particularly call his attention to the following directions: The mattress should be made of horse-hair, or well stuffed with the best wool, and should be nailed round its edge to the upper division of the frame. A blanket and sheet should be separately stretched over the mattress, and carefully sewed all round its edges: this will prevent any subsequent wrinkling, and by sewing first the blanket, and then the sheet, it is obvious that the latter may, if necessary, be detached without at all disturbing the former. The whole apparatus is made narrow, both to facilitate the operations of the surgeon and nurse, in dressing or cleansing the patient, and to prevent him from shifting from the central aperture. Half a blanket, and a single breadth of sheeting will in all cases be sufficient; and in fitting them

to the central aperture, as well as the spinal opening when used, it is far better only to make a cross cut from the four corners thus  $\times$  than to remove any part. The loose edges should then be turned down, and sewed at the lower part of the opening. By this plan, any hardness of the edges of the aperture will be avoided.

If the case about to be treated be a compound fracture, and there is a probability of profuse discharge, it will be well to add some oil silk, or a draw sheet, under the part affected. If the disease be a disease of the spine, the trap door and moveable pad should be accurately adapted to the part before the patient be placed on the bed. In fractures of the lower extremities, the length of the limbs should be taken, and the central portion and foot-board lengthened or shortened accordingly. In complicated cases, where both upper and lower extremities are injured, the addition of the shelf for the support of the arm will be found a great comfort. This was employed with advantage in the case of Turner, who was charged with having committed a forgery on the Bank of England, who fractured his elbow and hip-joints. The position best adapted for fractures of the thigh, is shown in the right division of figure 1. The same will be found best for affections of the spine and hip-joints.

The position shown in figure 2, with the lower division horizontal, is the one in which I have placed compound fractures of the leg.

In fractures of the knee-pan, it may be elevated, as shown in the left division of fig. 1, and by the dotted lines in fig. 2, in order to relax the powerful muscles in front of the thigh.

In placing a patient on this apparatus, care must be taken to fix him with the nates directly opposite the central opening, and the nurse should be directed to be very careful to introduce the proper utensil, so as to come in contact with the patient. It occasionally happens, that at first patients experience a difficulty in performing their natural functions in the recumbent position: this will soon be overcome, by raising the upper division a little. In some rare instances, I have found it necessary at first to employ a catheter; but this difficulty is far greater when any other apparatus is employed, and, generally speaking, the proper employment of this bed will obviate it altogether.

#### *Description of Mr. Earle's Bed for Invalids.*

The apparatus consists of a strong fixed frame *a a*, which is rabbeted, as shown at *b b*, figs. 1 and 2, to receive a moveable one of the same length, but about 3 inches narrower. The moveable frame is divided into three parts, connected by joints; the superior one *e e*, is the longer, and is intended to support the head and trunk. The middle division *d d*, which is the shortest, is adapted to the thighs, and is capable of being lengthened, or shortened. The inferior one *e e*, *f f*, is intended

for the legs. This latter part is divided up the middle, for the convenience of varying the position of either leg, as shown in fig. 1. The right division *e e*, is the proper position for fractured thighs; the left division *f f*, for fractures of the knee-pan. The moveable frame is connected with the fixed one by means of the iron pivots *g g*, which turn in the sockets, which are screwed to the outer frame, at the junction of the upper and middle divisions. Different degrees of elevation, may be given to the different divisions by props, one *k k*, under the upper, the other *i i*, under the middle division. These props work in racks at the bottom of the rabbet *b b*, of the fixed frame *a a*. The two portions of the inferior division *e e*, *f f*, are maintained in their different elevations, by means of the wooden uprights or props *s s*, which are fixed to the upper frames, by hinges formed with two staples or iron rings. These props are notched at one side, at given distances, and can be dropped upon the screws, which are fixed to the inside of the fixed frame, as best seen in fig. 3. The whole moveable frame is boarded over, and should be bored with numerous gimblet holes to admit air, and prevent the perspiration from rotting the bedding. A well-stuffed hair or wool mattress *k k*, figs. 1, 2, and 4, is fitted to this, which is nailed to the edge of the upper and middle divisions, but left free at the lower division, to enable the apparatus to be fitted to limbs of different lengths. The central division *d d*, has a

long narrow trap door *l*, about 3½ inches wide, and a foot long which can be let down for the admission of the proper utensils, figs. 7 and 8, fitted to the opening. The mattress at this part has a corresponding vacancy, which is filled up, when not used, by a pad adapted to the opening. A similar trap-door and moveable pad may be made in the superior division at *m*, for the convenience of dressing issues or seton in cases of diseased vertebrae, where the slightest motion of the body should be avoided. The situation of the latter opening, and its length, must vary according to the part affected in the individual to whose case it is adapted; but it should not exceed six or seven inches in width, for fear of taking off too much of the support of the body. When the spine is in a very tender state, the firm pad should be exchanged for a softer one, made with feathers. The rest of the apparatus consists of two pieces of wood *n n*, shaped like the soles of the feet, through which an iron rod *o o*, passes, which is affixed, by two thumb-screws, to two uprights, which rest by a broad base on the edge of the inferior division *e f*, and are confined in their situation by screws, which fit into iron plates, with holes at the interval of one inch to adapt it to legs of different lengths. To these foot-boards the feet are firmly fixed in fractures of the lower extremities, and in most cases this will supersede the use of splints. A reading-desk *g*, and swing table *r*, have been subjoined for the additional comfort of patients. These are attached to the up-

per frame, in the same way as the uprights of the foot-boards. The reading desk will support a book over the patient's head, without any effort on his part, as seen in figs. 1 and 2. On each side of the fixed frame, in figure 4, iron sockets *t t*, are affixed to receive the uprights *u u*, which support the shelf *v v*, which is intended to support the arm and fore-arm, in case of a complicated injury to the upper and lower extremities: this may be raised to different elevations, and retained by pins passing through the uprights into the iron sockets.

Fig. 1 shows the apparatus complete, with the reading table. The trap-door for the spine is left open, and the two portions of the inferior division are placed at different elevations; that on the right side is the position for fractured thighs, that on the left for fractured knee-joints.

Fig. 2 gives another view of the apparatus, showing the situation of the central opening, and the inferior division in the horizontal position, adapted to fractures of the leg.

Fig. 3 shows the under side of the apparatus, with a view of the whole mechanism by which it is worked.

Fig. 4 shows the apparatus when not in action.

Fig. 7, the utensil adapted to the size and angle of the central opening.

Fig. 8, urinal for men, particularly in cases of paralysis of the bladder, accompanied with incontinence of urine.

Fig. 9, side view of the upright which supports the foot board.

## Foreign Department.

### On the Treatment of Traumatic Tetanus.

By M. CRUVEILLIER, M.D., &c.

Wound of the thumb; sharp pains; trismus; stiffness of the thumb; difficulty of breathing; convulsive spasms. Blisters; opium; leeches.

warm baths; cathartics; increase of the symptoms; inspirations regulated according to time; cathartics; gradual amelioration; cure.

I was called, on the 29th of last April, to Fargeas, a village situated about a mile and a half to the east of LIMOGES. I found a man, twenty years of age, extended on the bed, with the face downwards, he could not bear any other position; the face presented a peculiar appearance of contraction, or permanent laughing, which is called the *tetanic smile* or *risus sardonius*. The articulation of sounds was slightly altered; deglutition difficult, and was only able to swallow by taking small quantities at a time, which was occasionally followed by cough and painful expectoration of mucus. I asked him if he could sit on the bed, he made a sign to his father, who lifted him by the shoulder and placed him in a sitting posture; he was afterwards assisted in getting to the floor; he walked a few paces with the body half bent forwards, and without his being able to attain the erect position. As he proceeded, he had some slight convulsive motions, . . . . . a quick but involuntary contraction of the diaphragm, . . . . . a slight elevation of the trunk. Whilst these were present, it appeared to me, that the abdominal parietes passed against the spine, and that his breathing was intercepted in this way. The sterno-cleido-mastoidei, the cervical attachments of the splenic, the complex muscles in the immediate neighbourhood of the os hyoides, and the abdominal muscles, together with those of the spine in the dorsal

region were painful; the masseters were not so at all; the superior extremities were quite free, the inferior a little stiff. Pulse full, but natural as to its frequency. I saw the thumb covered, and I enquired the reason. Twenty-three days ago, whilst cutting a large branch of a tree, the ladder which supported him, being badly fixed slipped; he laid hold with one hand of the branch which was not quite divided, and the last balance of the thumb of the other was caught in the cleft and severely jammed. During three days he had acute pain, which after that time left him. On the eighteenth day from the accident, pain came on in the right side of the chest, which disappeared by means of an embrocation and went to the dorsal portion of the spine and the abdominal muscles; the jaws were at the same time firmly closed; he got up every day, but the stiffness of his trunk and difficulty of breathing went on increasing; a blister was then applied between the shoulders.

From all these symptoms I could not but recognize a case of traumatic tetanus. But what was the cause of it? The reason was fine; the patient had not been subjected to changes of temperature. A broken pane of glass directly opposite to his bed might have caused it by exposing him to a draught of air. I prescribed four grains of opium in four pills, one of which was to be taken every three hours; fifteen drops of nitrous æther in a glass of spring water. The finger was dressed with opium ointment.

On the 30th, six days from the first appearance of the com-

plaint, I found him a little better. The patient greatly praised the nitrous æther, which made him bring up a good deal of wind by the mouth. The opium had procured no rest. I increased the dose to six grains in twelve hours; same drink as yesterday; warm bath morning and evening, the patient to continue in it for several hours. Copious perspiration whilst in the bath, and also felt a little better, but very weak.

May 1st.—Increase of the stiffness of the trunk; the convulsive motions stronger, more frequent, and accompanied with a whining noise, and marked elevation of the trunk. Skin constantly moist, although the patient is very slightly covered; medicines to be continued.

2.—Muscles of the neck more painful, deglutition more difficult. The baths and opium to be discontinued; but the nitrous æther in water to be taken as before; twelve leeches to the parts of the neck where the pain is most violent; these bled a good deal and relieved the patient. Movements of the head less painful; slept an hour and half for the first time during the last eight days.

3.—Twelve leeches in the dorsal region; relief not so great as that obtained yesterday, although the same quantity of blood was abstracted.

4.—Appeared to be beyond all hope. He seemed as if he were in the last stage of this frightful disease; the pulse small and quick; cold clammy sweat all over the body; convulsive motions in rapid succession; much more violent, and longer in their duration, with a more marked and painful erection of the body, and

a stoppage of the breath (something like the hiccup) during a quick inspiration. The least motion or noise, or the slightest exertion in elevating the trunk or turning the head, either to spit or open the mouth, all brought on the convulsions. Swallowing more difficult than ever, lower extremities very stiff, and the patient every now and then asked to have them bent. The patient entreated me to relieve him; and to remove those catchings in the breath, which threatened him with suffocation; he said that if I could do this he should be well, for whilst they were absent he felt no pain whatever. Convinced that the cerebro-spinal system was the seat of the disease, I determined to increase the secretions from the alimentary canal, over which most of the ganglia preside. I prescribed four drastic bolusses, composed of gamboge, aloes, scammony, calomel; six grains of each, in a bolus.

Whilst I was deploring the insufficiency of the art, in a disease which after all, did not obviously present any thing incurable about it, since there was no disorganization, the following idea struck me: these convulsive motions, I said to myself, are nothing but a hidden and involuntary contraction of the diaphragm; which produce, by means of association, convulsive contraction of the spinal and expiratory muscles, and which kill by a true asphyxia, when this contraction has become to a certain degree permanent. Well! let us compel this muscle (the diaphragm) to follow the regular impulse of a will directing it; let us remove it from the control of this convulsive action; it is the

possible that it can be subject to two stimuli at once; the most powerful will prevail. Well persuaded of the truth of this idea, I placed myself before the patient; I ordered him to take deep inspirations, as fast as possible, but in regular succession, and in order to assist in this painful exercise, I kept time by an alternate elevation and depression of the hands. The success exceeded my most sanguine expectations; the convulsive motions which came on before every minute did not appear till after an interval of half an hour, when the patient, fatigued with the same position, begged me to allow him to change, and relax his measured respiration.

New trials were attended with fresh success. All the night was spent in this fatiguing exercise.—Four men relieved each other in making before him the signs which I shewed them; in fine, the patient reaped the fruit of his courage and confidence, he enjoyed quiet sleep for two hours.

5.—Very perceptible amelioration; convulsive motions only come on after long intervals, and disappear as soon as recourse is had to performing respiration in the way I have mentioned. The patient himself felt better; he rose in order to walk up and down the chamber for a moment.

6.—Continues to get better; all the motions of the body are more free; the muscles of the neck are no longer painful; their voluntary contraction is much easier than that of the other parts of the trunk. Skin moist; pulse natural as to frequency; deglutition still difficult, and the patient only able to take small quantities at a time

three hours sleep after measured respiration for a long time continued.

7.—I was witness to a fit of coughing, which renewed all my fears, and I advised him to be undressed and placed in a chair. Whenever he attempted to lift himself, convulsive stiffness of the right inferior extremity came on, and he fell back in his chair; convulsive twitchings, of long duration, accompanied with a sense of coughing, cold sweat, and fainting. He was thought to be dying; fresh water was thrown in his face; a hat was moved up and down before his face, like a fan; he came to himself again, but could not move the right lower extremity, which he begged might be bent for the purpose of diminishing the numbness. Two paroxysms, something similar to the first, but less violent than it, took place during the night. Several stools; continuation of the respiratory motions according to time; purgatives to be continued.

8.—Manifestly better; convulsions rare; drastic bolus every five hours; very copious alvine evacuations.

9, 10, 11, 12.—Still continuing better; more convulsions; dorsal portion of the spine, and the jaws still preserve a little of their stiffness; all medical treatment discontinued.

20.—Quite convalescent.

#### CASE 2.

By M. J. Ch. CASE.

Wound of the hand; trismus and tetanus; opium opium and phosphorus alternately; bark, morphia, gradual disappearance of the tetanic symptoms; cure.

**HAMON (MATHERWIN)** *etat* 19 years, native of SAINT SAUVEUR, canton of MOZON, gunner to the 54th regiment of line, lost 2 fingers of the battle of WAGRAM. He was admitted on the 2d of August to the Hospital de la Charité, at VIENNA, attacked with a considerable trismus, and large oral tetanus. Notwithstanding the violence of the trismus, deglutition was not completely impeded, and I was able to administer to him some phosphorous, which I had tried once before in a similar case, but unsuccessfully. I gave it in a white tincture, alternately with opium. At first I prescribed a grain of phosphorus once in 24 hours, and I gradually increased the dose to four grains; opium taken at the same time was also pushed by degrees to 15 grains a day. Besides these a warm bath both morning and evening. After the lapse of twelve days, the trismus and stiffness of the limbs disappeared and deglutition became easier; light nourishment was given him, and convalescence commenced; it was long, and the patient remained weak and feeble for a long time. The suppuration of the wounds, which was checked in the height of the disease, returned, and with very good symptoms. Cicatrization soon followed, and the person left the hospital on the 10th of October to join his regiment.

**REFLEXIONS.**—Dr. Haren, physician in chief to the army, which was lately in Catalonia, was an eye witness to the fact which I have just related. I will add the phosphuretted drink which I employed in this case was prepared under my own direction, and I have often administered it

myself to the patient in my visits; I do not wish, however, to draw any inference from this one case, neither as regards the nature of traumatic tetanus, nor the properties of phosphorus in this disease.

In one of the late sittings of the ROYAL ACADEMY of Medicine, the subject of tetanus was discussed, and a paper on this complaint was read by Doctor TAURE, in which the author, after deploring the inefficacy of the most, powerful remedies in tetanus, proposes the trial of inhaling moderate quantities of pure carbonic acid gas, in order to induce a state of asphyxia.

These ideas had already been communicated by this physician to other Medical Societies; but, as no particular fact has been related to elucidate the suggestion, it may be presumed that it is a vague opinion, justified neither by experience or analogy.

## EXPERIMENTS ON THE TRANSPLANTATION OF ANIMAL SUBSTANCES.

BY DOCTOR DIEFFEN-BACK, OF BERLIN.

(From *Grafe and Walther's Journal der Chirurgie*, April.)

I have been for many years past in the habit of making experiments on the transplantation of parts of the body from one animal to another. My object was to ascertain by experiment how far parts separated from the body might be made to grow again, and in what manner this might be most easily effected. The experiments were made in different places, and at different periods of the year in a great variety of forms.

I made them for the most part upon birds, in which the power of reproduction is most observable, and the success which attended many of my experiments led me to make further researches in this interesting field of inquiry.

It is well known that horny substances, such as the spurs of cocks, will readily grow to the living parts of other animals; I ascertained by experiment some years ago that the same phenomenon takes place with respect to the hairs of animals; and I have more recently ascertained that feathers will grow in the same way. Other parts separated from the body seldom remained long after transplantation; many parts did not unite at all, as, for instance, the tails cut off from puppies and kittens, though I have frequently repeated the experiment on whole litters of these animals.

#### *First Experiment with Feathers.*

I took away from a pigeon twelve feathers, which were in different stages of growth; the least advanced were just appearing over the epidermis, and the plume was still included in the horny sheath; the oldest were completely developed, the quill hardened, and the gelatinous matter in the inside dried on the pith. Some of these feathers were taken from the neck, others from the back, tail, &c. In the youngest feathers that part of the quill which joins the cuticle from the laceration, and abstraction of the epidermis (a portion of which should always be taken in separating young feathers)

was immediately filled with blood, and serum. In place of each of the feathers taken away I planted one of a chicken. The transplanted feathers were as various in shape as those which had been plucked out, and to prevent the possibility of confounding them, I had selected a black chicken, as the pigeon was of a light colour.

The feathers stuck in consequence of the extravasation of blood in the tube which joins the cuticle; and the swelling which soon took place in the cuticle gave a faster hold to the feathers, especially to the flag-feathers.—The next morning the swollen and reddened cuticle formed a little lump at each feather; three of the feathers had already fallen off, or rather seemed to have been forced out by the swelling, their tubes not being sufficiently deep. On the following day I took out some of the oldest, which had undergone no alteration, no union having taken place. In the younger ones which had fallen out, the horny sheaths were shrivelled up, and the gelatinous matter was dried into a dark ropy mass. On the tenth day all the feathers had fallen off except three; two remained on the rump; the third was a flag-feather. The following are the appearances which I observed in making this experiment. The skin surrounding the feathers was very thick and swollen. This swelling increased, and in a day or two assumed a bluish red appearance. When the wings were held towards the light, the sheaths of the feathers appeared more dark and dry than



usual, especially towards the upper end; no union was observed. On the eighth day I thought I observed a fluctuation at the end of the feather; I let out a considerable quantity of bloody matter with the point of the lancet; the abscess, however, did not communicate with the tube of the feather which joins the cuticle, but was in the cellular tissue between the muscles. The swelling, after this, abated; the horny sheath appeared after some days clearer, and in consequence of the increased suffusion of blood, redder and more distended. A little opening being made with a fine needle a small quantity of blood gushed out. From this time the growth and development of the feather went on daily, and at the end of a few weeks it was completely formed. I took out this feather shortly after, and found a little bloody, gelatinous matter at the end of it; it adhered firmly to the cuticle.

This experiment, which presents no difficulty, provided you can prevent the bird from plucking out the transplanted feathers, I have frequently repeated, and always with the same result; of twelve transplanted feathers two, or at most three, generally grew; the others either fell out, or though they appeared to take root at first, were afterwards forced out by newly formed young feathers.

#### *Second Experiment.*

I made several tolerably deep wounds in different parts of the body of a young fowl, and planted in them six young fea-

thers of a pigeon. Strips of adhesive plaster were placed by the sides of the quills. Within a short time, however, all the feathers the quills, of which had a dry and shrivelled appearance, and which contained only a little brown gelatinous matter, fell out; only one of them, situated on the rump remained, and grew afterwards to its full size.

#### *Third Experiment.*

I have frequently made similar wounds with a trocar in puppies and rabbits, and inserted in them young feathers of fowls, pigeons and sparrows. In general, a considerable inflammation of the skin ensued, matter formed, and the feathers fell out. Only two feathers of a young pigeon remained on the back of a rabbit, and appeared as if they would grow. At the end of fourteen days I took them out, and found the gelatinous matter in the upper part of the quill dried up, and a little bloody serum in the lower end.

#### *Fourth Experiment, with Hairs*

I made some punctures and slight cuts in different parts of the body of an old pigeon, and planted in them the bristles of a cat and a wild rabbit. I made use of strips of plaster to fix the hairs more completely in their beds. A swelling appeared soon after at each spot where the hairs had been planted. On the fifth day, I took out several hairs which did not seem likely to grow; the roots were pointed and dried up, and there was a small dry scar in the skin.

Of twelve transplanted hairs only four grew, all near the rump of the animal.

At the end of four weeks the pigeon was killed. By accurate anatomical investigation, I found the roots of the hair were surrounded with a small portion of thickened cellular tissue; by the aid of a magnifying glass, some minute threads could be discerned at the points of the hairs, which had become thinner. These experiments were frequently repeated with the hairs of other animals and with nearly the same results; the following were the most successful.

#### *Fifth Experiment.*

A bunch of feathers was cut from the back of a pigeon within an inch of the skin; a long thick needle was carried through each feather, till the point penetrated the extremity, and reaching the skin of the bird produced a degree of pain which indicated that it had gone far enough.—Through the passages made in this way I introduced the bristles of a kitten till they reached the little wound which had been made with the needle; I then cut off the hairs even with the stump of feathers. Most of these hairs grew, owing probably to their being completely protected from all disturbance. In fourteen days some of them had grown out about half a line beyond the edge of the stump of feathers.—I could not take out one of these feathers without bringing the hair along with it, the latter having taken firm root in the deep puncture which had been made with the needle.

#### *Sixth Experiment.*

The bristles of a cat and a dog were transplanted to the back of a rabbit with the usual results. Five out of twelve hairs grew; the roots of the others either dried up, or a small abscess formed at the spot where the hair was planted, in consequence of which it fell out.

#### *Seventh Experiment.*

I made an experiment with hairs on myself. In six small punctures, which I made with a cataract needle, shaped like a lancet, in my left fore-arm I planted some hairs which were taken from the eye brows of a friend, and secured them with strips of adhesive plaster. For some days I felt a little itching at the part and a small inflamed circle appeared round each hair; two dried up; two fell off in consequence of the formation of matter, but the remaining two grew. I pulled them out some time after, experiencing the same painful sensation which is felt in pulling out the hair, and I found the roots perfectly natural.

#### *Eighth Experiment.*

I planted some hairs of my head in some punctures which I made in my left arm; I cut them off close to the cuticle. As the points of the hairs were not visible the next day at the red places, I concluded they had fallen out, and thought no more of them. Some time after, however, the cuticle scaled off at these places, in consequence of which the hairs came again into view, grew, and took firm root.

*Ninth Experiment.*

Hairs taken from the nostrils grew in the same way; with the same result I transplanted some grey hairs taken from the head of an old man to my arm; the transplanted hairs in this case acquired a darker hue.

*Tenth Experiment, with Claws.*

I took out the first phalanx of a pigeon's toe, and carefully separated the claw from it. I then plucked from the tail of the bird a young strong feather, and placed the claw on the bed of the feather, which was filled with blood and serum. The next day the claw appeared to be completely inclosed, the extravasated blood having dried over it. On the eighth day the point of the claw first appeared, and two days after the whole claw appeared above the cuticle, and on being touched fell out; the inside was quite hollow. The experiment appeared to have entirely failed. I observed accidentally, however, some few days after, in the same spot, a small white point, which I at first took for the upper part of the horny sheath of a new feather, but which, as it continued to increase, I discovered to be a new claw, the old one having been thrown off like cuticle. The young claw was at first soft, and of a whiter colour than the old one, but it hardened gradually, and became first of a yellowish, and at length of a brown colour, the old claw having been perfectly black. In the mean time, a young feather had grown again in the place of the other, and the claw was completely pushed

out of its original situation, so that it stuck upon a portion of skin which surrounded the feather. At the end of a month I cut off the piece of skin on which the claw stuck; the wound bled freely, the skin being closely adherent to the root of the claw.

*Eleventh Experiment.*

The transplanting of the spurs of young cocks to the wounded surface of their combs is an experiment so well known, and which has been so often repeated, that I shall not dwell upon it. In many parts of Germany, as in Mecklenburg, for instance, the old women are very dexterous in castrating cocks, and in transplanting their spurs to their combs. The transplanted spurs often grow to the height of several inches.

In transplanting the spurs of young cocks to the feet of fowls, or pigeons, I succeeded best when I made a crucial incision with the point of a bistoury, half a line from the flat basis of the spur; I then planted it in a wound made in a similar manner in the foot of the other bird, and covered it with a circular piece of adhesive plaster.

I never observed any formation of matter, when the transplanted part did not take root.

I made a wound in a young pigeon, on the skin surrounding the root of the bill, and stuck upon it the spur of a young cock, which looked at first like a little corn on the foot. It did not appear to increase in the first week, but afterwards it grew very fast. The pigeon was killed a few months after, when a per-

fect union of the transplanted part was found to have taken place.

I stuck the spur of a very young cock, about the size of a millet-grain, on a wart which was situated on my left thumb, and which was half cut away. It grew very quickly, and at the end of a month it had attained a considerable size, when I cut off the wart at the root.

*Twelfth Experiment, with pieces of skin.*

I made a wound at the roof of the bill of an old pigeon, while Dr. Clot, physician to the hospital at Marseilles, who has frequently assisted me in these experiments, cut off a piece of skin, of the size of four lines, from the wattle of a young cock. The piece of skin was united with the wound by strips of adhesive plaster. When the strips of plaster were removed, a few days after, the part had assumed a livid glossy colour, but it adhered firmly. Some time after the skin separated, and there was an appearance of a small red prominence at the part.

*Thirteenth Experiment.*

I scalped the upper part of a pigeon's head, so as to expose the parietes, a part of the occiput and os frontis being still covered with pericranium. A corresponding flap from the inner side of the thigh of a pig fourteen days old, was fastened to the wound by six sutures.—The edges of the wound seemed to be closely united to it by blood and lymph. After some days the threads, around which

little swellings began to appear on the skin of the bird, were withdrawn, and appeared to be moist with lymph. The flap continued firmly adherent, and the bird was lively. At the end of eight days some fine bristles, which had been carefully shaved off the skin of the pig before the operation, made their appearance; they were about as long as a beard of three or four days growth.

On the tenth day I opened the left jugular vein of the pigeon; I suffered it to lose as much as would fill a table-spoon, while an assistant took two tea-spoons-full from the carotid of a young pig. At the same instant the blood was introduced into the vein of the pigeon, and probably carried directly to the heart; the bird being seized with two successive convulsions, distortion of the eyes, general stiffness followed in a few seconds by death. On opening it I found the right ventricle of the heart filled with blood; in other respects nothing remarkable.

*Fourteenth Experiment.*

The neck of a chicken four weeks old, was exposed by the excision of a piece of skin of the size of 2 inches, and a piece of skin taken from the inside of the thigh of a pig 4 weeks old, was introduced into the exposed surface. The flap of the skin appeared to unite with the cutis of the bird by the first intention. On the third day, upon making a small incision in the transplanted skin, no blood flowed, but a little serous fluid escaped. The skin separated on the 8th

day, in the form of a hard crust, but several bristles had made their way to the cutis of the cœcæ, which was reproduced under the flap, and took fresh root.

#### *Fifteenth Experiment.*

The upper part of the nose of a young wild rabbit was cut off, and, after a considerable quantity of blood had flowed from the wound, was brought into contact with the wounded surface, by means of a fine suture and a piece of gum plaster. On the following day I found the whole snout very much swollen; the tip of the nose, which was left uncovered, was dry and hot. On the 5th day I removed the plaster; a good deal of matter was discharged from the edges of the wound at the back of the nose, in consequence of which the breadth of a few lines of the part of the nose which had been cut off was destroyed; the cavity, however, was soon filled up with new granulations; the slough at the point of the nose was in the mean time thrown off, and a complete union of the separated part took place.

#### ROYAL ACADEMY OF MEDICINE AT PARIS.

*Sitting of the 24th of February.*—M. RULLIER presented to the Academy a stomach from the internal surface of which, twenty-four fungi projected. These excrescences existed in the mucous membrane, and were formed out of it.

The Secretary read, in the name of M. JULIAN FONTENELLE, the case of an individual who had only one kidney. Occupying its usual situation, this kidney was five times larger than in the healthy state.

*Sitting of the 30th.*—M. RICHARD occupied the time of the meeting with an

account of an operation for strangulated femoral hernia, in which he had an opportunity of proving the excellence of the common oblique incision and Cooper's hernia knife, although the president of the meeting M. DUBOIS had publicly used it fifteen years before the English surgeon published a description of it.

#### HOSPITAL REPORTS.

##### GUY'S HOSPITAL.

On Tuesday (May 25th,) an amputation was performed at this Hospital, (we will give the case in our next) and after the operation some valuable observations on compound fractures were delivered in the operating theatre by Sir A. Cooper. The accident admitted this week, are a fracture of the tibia and fibula, injury to the spine, wound of the thigh just above knee-joint from a sharp instrument, fracture of the humerus, and fractured ribs.

##### ST. THOMAS'S HOSPITAL.

William H. ætat 31, labourer, was admitted into Isaac's Ward, April 28th, 1823; with stone in the bladder. The patient states that a year and a half ago he was seized with pain on making water, and that his urine which was flowing in a full stream suddenly stopped. From this time he has always been subject to the same symptoms in a greater or less degree, although they have never been so violent as to prevent him following his occupation. Has also frequently voided bloody urine,

particularly after hard work. His water contains clots of white matter having the appearance of mucus. His general health is in no way affected, and the patient is of a strong and robust constitution. On being sounded it was found that there was a stone in the bladder.

Friday, May 21.—The patient underwent the operation of Lithotomy, his bowels having been previously evacuated by means of common enemata. A stone of the size of an almond with the shell on, soft and rough at one point was extracted from the bladder in the usual way; in its removal a small portion of the stone was broken off. The prostate was divided with a gorget cutting on one side only. Very little blood was lost during the operation.—The operator was Mr. Green.

22.—Slept about an hour during the night—has had no bleeding whatever. Tongue white but moist—Thirsty—Pulse 90, strong—No pain in any part excepting the wound, and then he only feels a smarting when the water passes off. Is ordered to be kept very quiet, and allowed milk, gruel, or tea.

23.—Felt perfectly easy during the night, but did not sleep—A common injection was administered which procured one evacuation.

24.—Slept last night—Pulse 90, still full, and tongue dry.

25.—Injection repeated to day. Feels very well. Urine passes the natural way.

26.—Pulse 84, Strong—Tongue white—Thirsty—Free from pain—Appetite good—Allowed no animal food, but takes tea, milk, or rice-pudding. Sleeps very well.

27.—Still keeps his bed, but feels quite easy—Has very little fever and is rapidly recovering.

The accidents admitted this week are a fracture of the tibia and fibula, injury to the feet and legs from a fall, fracture of the humerus a little above the condyles, fracture of the neck of the scapula, and do. of the fibula.

# WESTMINSTER HOSPITAL.

Saturday, May 22.—James Oakley was admitted to this hospital, with a concussion of the brain, owing to the fall of a building under which he was working; he was senseless when brought in, from the effects of the blow, and the pupils of the eyes were not affected by light.

Fourteen ounces of blood were immediately taken from the arm, in a full stream; and in one hour after the accident he was perfectly sensible; only complaining of a sensation of numbness in the head: the pupils now contracted and dilated, though not very freely and he spoke in a collected and composed manner. Pulse 68 in a minute.

R Infus. Sennae 3 jss

Magnes. Sulphatis 3 jss in ft  
Hanstas, statim sumendus, et tertio  
quaque hora repetendus, donec  
alvus respondeat.

Two hours after the accident, a few drops of blood issued from the nose. Pulse 70 and full.

Sunday 23.—Pain in the head, and restless. The patient procured but little sleep in the night. Bowels open from the draughts.

Pulse 80, strong and full. Repeat and Henry Powell with a slight injury of the leg. A few other accidents have also been admitted but from their uninteresting nature, it is hardly worth while to detail them. No operations have been performed.

Monday, 24.—The patient slept more during the night and is in all respects much better than yesterday. Pulse 75.

Tuesday, 25.—The same as yesterday.

Wednesday, 26.—A slight degree of pain is still felt in the head. Bowels open. Pulse 80.

The accidents admitted to the hospital this week are besides that of James Oakley, a man with a fracture of the thigh; and the cases of two girls, in one of whom the metatarsal bones of the four larger toes were fractured, from a cart having passed over them, and in the other the knee joint was injured, from a fall.

### MIDDLESEX HOSPITAL.

May, 26.—The accidents admitted into this Hospital since our last report are the following: John Carlett, Mary Gale, and John Jenkins, with fractured legs, Charles Callan with an injury of the head from a mill by which the greater part of the left ear was removed; John Warren with a fractured Humerus and Clavicle,

### ST. GEORGE'S HOSPITAL.

Wednesday, May 26.—No operation of importance has been performed at this Hospital, since our last report.

### LITERARY INTELLIGENCE

In the press and shortly will be published, an enquiry into the probable cause of Puppyism, or a comparative statement of the quantity of wine drank in the Apothecary's shop of St. Thomas's Hospital, and in the Wards of the same Institution.

### NOTICE TO CORRESPONDENTS.

E. R. L. is in the secret.  
W. X. is too impatient.  
Procion's communications are highly valued. We again request his address.  
F. W.'s observations are but too well deserved. The cause of the evil could not have been overcome.  
W. W. will find a letter on Wednesday next at the place he mentioned.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital  
Wednesday Evening,  
April 28, 1824.*

### LECTURE 59.

The first subject of which I shall speak, is

#### *Irritable bladder.*

During the latter stages of gonorrhoea it often happens that the patient is annoyed by a frequent desire to void his urine; this symptom at length becomes so urgent that the inclination to empty the bladder occurs as often as every ten minutes or quarter of an hour. The pain that the patient feels is in exact proportion to the quantity of urine contained in the bladder, the greater the quantity the more severe will be the pain. Sometimes in this complaint the urine will be mixed with blood, this appearance is calculated to deceive you and excite a suspicion of the existence of stone, and induce you to pass a catheter for the purpose of satisfying your doubts; now in this

disease the introduction of an instrument into the bladder is highly improper as it would produce additional irritation; the mode by which you can distinguish irritable bladder from stone is this, attend to the state of the bladder when the patient is in pain, and when he enjoys repose, if the case be one of irritable bladder there will be no pain after the expulsion of the urine, on the other hand if the case be stone after the expulsion of the water then will the pain be felt; by attending to this you may readily distinguish one complaint from the other; in irritable bladder therefore the pain is felt when the bladder is full; in case of calculus the pain tortures when nothing but the stone remains. Sometimes the disease goes on to produce ulceration of the bladder, the urine will then be mixed with blood, there will likewise be a discharge of bloody mucus, and the inclination to void the urine will be more frequent and exceedingly urgent. Cancer of the uterus is probably a more



painful complaint than any other but with the exception of that disorder, I am not acquainted with a single one which tortures to such a degree as ulcerated bladder. Irritable bladder of itself is a dreadful disorder, the patient's life is a burthen to him, he is obliged to keep from society and linger away his tedious hours in solitude; this disease formidable as it is, may be brought on by very slight causes, even the retention of the urine from motives of delicacy beyond that period when there was a desire to discharge it has been known to give birth to this horrible affliction. A young gentleman with a party of ladies was about to leave them for the purpose of making water, at the moment when the latter called their carriage, he thought at the moment that it would be indelicate to withdraw, and accordingly got into the carriage having at the time a strong desire to pass his urine, in the greatest agony he rode twelve miles with his bladder full at which time having arrived at the end of their journey he endeavoured to make water, when, to his utter astonishment he could not void a drop; a surgeon was sent for who took away the urine by means of a catheter,

this afforded relief; but irritable bladder followed, then the suppurative process, and at last the sufferer died from exhaustion.—  
Upon

### *Dissection*

of those who die of irritable bladder, the mucous membrane has been found in a state of extreme vascularity; the quantity of blood in the vessels rendering it as florid as red velvet. A respectable surgeon of Finsbury-square, attended a patient for another disease, of which he died; the individual had however for a long period been the subject of irritable bladder, and on examination of the body, the disease had been so protracted, that ulcerated spots were seen in different parts, and the mucous membrane had nearly been removed; that part which remained, was uncommonly vascular and resembled the tunica conjunctiva when under the influence of acute inflammation. Well then, I can state to you that irritable bladder is sometimes the result of gonorrhoeal inflammation; at others is caused by retaining the urine too long.—Now then, as to the

### *Treatment*

required. Your first object should be to keep the bladder in a state

of rest; nothing can be done without it. Opium should be given in doses of from one to two grains, with a view of allaying the pain and irritation, and with the same object five or six grains should be introduced into the rectum, in the form of suppositories. You may also administer opium in conjunction with the liquor potassæ, as the former, however, occasions costiveness you had better combine the latter with some bitter tincture. A confined state of the bowels, is to be obviated by the exhibition of castor oil. After shaving off the hair, a blister should be applied over the region of the pubis, the counter irritation thus produced will prove of infinite service; there is a foolish prejudice against the use of blisters in complaints of the bladder, from a belief that the cantharides become absorbed—this is false theory.

To keep the bladder in a state of rest, a short catheter should be kept introduced; the instrument should only just enter the bladder; you know that the length of the urethra scarcely ever varies from nine inches; consequently you have no difficulty in knowing the length of the instrument that

you ought to pass; a flexible catheter is the one that you are to employ, and after sufficient has been introduced the remainder may be cut off; it should be tied to a bandage carried between the thighs and round the loins. The instrument thus used will afford great ease and keep the bladder at rest, by allowing the urine to escape as fast as it streams from the ureters, thus keeping the bladder continually empty. If the bladder should be ulcerated it ought not to prevent this method of treatment, on the contrary it is the best that can be adopted, for, by keeping the bladder at rest, you afford the sores an opportunity of healing; this then is the treatment for irritable, and ulcerated bladder. Of

#### *Mucous disease of the Bladder*

or it might be denominated catarrh of the bladder. This disease is known by the discharge from the urethra, of an enormous quantity of ropy mucus; it is so thick that it will hang to the sides of the vessel and is of a yellow colour. It is produced from the internal surface of the kidneys, ureters, and bladder. I this morning saw a gentleman, having this com-

plaint, and it had existed for two years. The

#### *Treatment.*

is as follows;—Introduce a short catheter as in the last case: let your medical treatment consist in the exhibition of oxymur. hydrarg. gr.  $\frac{1}{2}$  ter die; and likewise three times a-day you should give 3j spir. æther, nitrici in 3iss mist. camphor. Persons having this disease should drink plentifully of soda water. But the best remedy that they can possibly take is the balsam of copaiba; no medicine so completely robs the urine of mucus as this. Eight or ten drops three times a day will usually be found quite sufficient: it may be given in conjunction with the medicines before mentioned, or in 3ij mucilag. gum. acac. et 3x aq. font.

#### *Paralysis of the Bladder.*

Now and then a paralytic state of the bladder occurs. In early life a case of this kind for the moment very much surprised me; a man came to my house stating that he could not make water. I made him lie down on three chairs, and then without the least difficulty introduced a catheter; but to my asto-

nishment not a drop of urine came away: and I was the more astonished, as I could distinctly feel the instrument above the pubis; I desired him to rise from the chairs and stand up: well, the moment he did so the urine directly began to flow in a full stream; this arose from the weight of the super-incumbent viscera pressing on the bladder, and although the urine flowed freely while in the erect posture, yet when the body was horizontal not a drop would escape. He was cured by blistering the loins, and by giving him a pill twice a day composed of five grains of the chio turpentine, and a quarter of a grain of powdered cantharides: by these means the voluntary power of the bladder became restored.

It occasionally happens that persons will be troubled by frequent bleedings from the kidneys. I knew a female who was annoyed in this way for more than three months.

#### *Treatment.*

In these cases you must order the supine posture to be rigidly adhered to, in order to give the vessels an opportunity of closing. The bals. copaib. should also be prescribed in small

doses. The diet should be low ; recollect there must be no change from the recumbent posture until some time after the bleedings have ceased, and deviations from this rule will frustrate your curative intentions.

The next disease to which I shall direct your attention is

### *Chordee.*

The name may make some of you smile, at least those of you who have not felt it. A chordee is a painful erection of the penis, and during the erection, the penis is drawn either violently back or to one side. The cause of the complaint is an inflammatory condition of the corpus spongiosum, and the pain is produced by the dilatation of the vessels, from the influx of blood to cause an erection. The disease is most troublesome at night, when the patient is warm in bed ; and one ingenious gentleman, with a view to keep the parts cool, invented a tube to pass between the legs from the outside, for the purpose of admitting a current of cold air.—  
The

### *Treatment*

Consists in the application of poultices, fomentations, and leeches. During the night the

penis may be enveloped with linen, wetted with the lotio. plumb. subacet. Evaporating lotions may also be employed ; the best medicine that you can give is thus formed :

R: Liquor. potass. m. xx.

Extr. conii. gr. iij.

Mist. camph. 3 x.

Ft. haust.—It should be taken three times a day, and will be attended with the best effects. Calomel and opium may also be administered with much advantage. You may give a pill every night, composed of a grain of calomel, a grain of opium, and two grains of camphor—this will be found to materially abate the pain, and will be productive of much *souagement*. To get rid of the hardness which often remains after the painful erections have disappeared, you should rub the part with the Ung. hydr. camphorat. and apply some of the same ointment spread on umbrella silk ; by pursuing this plan of treatment the hardness will generally disappear. There is a

### *Chronic Chordee,*

Of which I wish to say a few words. It is of this kind : sometimes after a person has had gonorrhoea very severely, the

dorsum of the penis will become so extremely hard as upon examination to feel as if ossified. To remove this hardness you should direct the liniment hydrarg. to be rubbed on the part night and morning; or you may order it to be kept covered by plasters of the cerat. saponis; this acts like a poultice, and when the complaint is recent, will answer very well; but, when of long standing, you must have recourse to the liniment hydrarg. and even this will often fail, owing to the extremely thickened state of the tendinous sheath of the dorsum.

#### *Of bleedings from the Urethra.*

We are sometimes called to persons having considerable hemorrhage from the urethra. It sometimes occurs from the rupture of a vessel during inflammation; at other times, and more frequently so, it is caused by the introduction of a catheter or bougie. From whatever cause it proceeds the

#### *Treatment*

is very simple:—press the finger and thumb upon the urethra, deep in the perineum, and observe if you command the bleeding, if you do not, bring your

hand a little nearer, towards you: proceeding carefully in this way, you will at last learn the precise spot from whence the blood flows, which you will generally find to be from that part of the urethra opposite the symphysis pubis. If you continue to press with your finger and thumb for a quarter of an hour or twenty minutes the bleeding will cease; but as this would be tedious and often inconvenient, a compress placed upon the part, and secured by a roller carried round the loins and brought up between the thighs, will answer equally well, and perhaps better, as it may be worn for an hour or two if deemed necessary. I have gone into a room and found a person soused all over with water in consequence of a bleeding of this description; such a practice is useless and absurd. You may give to the patient some aperient medicine, and to lessen the disposition to hemorrhage you may take blood from the arm. The next subject to which I shall call your attention is,

#### *Inflammation of the Testicle and Epididymis.*

This complaint, from an acute

of pathology, used to be called hernia humoralis, in consequence of a belief that it arose from a fluxion of humors to the testicles. The inflammation of the testicles generally shews itself from within ten to fourteen days after the appearance of the gonorrhœal discharge. The first symptom indicative of inflammation of the testicles, is a sensation of a drop of urine in the perinæum; at this time the inflammation is proceeding down the urethra, and before it reaches the testicle, affects the prostate, verumontanum, vasa deferentia, proceeds up the cord to the abdominal ring, then attacks the epididymis, and finally the testicle itself; while the inflammation is confined to the epididymis the patient feels little or no pain, but when it has passed to the body of the testicle, then there will be felt excessive pain in consequence of the unyielding nature of the tunica albuginea. The scrotum is sometimes reddened, arising from the degree of violence which characterizes the inflammation. The pain does not, generally speaking, correspond to the continued course of the inflammation just now described to you, and in fact the inflammation it-

self often appears less regular in its progress. The introduction of a bougie is a common cause of this complaint; and let me tell you, that when it gives much pain or excites inflammation, it should not be used for three or four days together, but rather at intervals of three or four days, the

#### *Treatment*

To be pursued is, first to order the patient a suspensory bandage (indeed if the gonorrhœa be at all violent it is not right to attempt its cure without one; it will often prove a preventive to inflamed testicles). Well, then first order a suspensory bandage; give the patient two or three calomel and colocynth pills and in the morning a dose of infusion of senna with sulphate of magnesia. Apply to the testis a lotion composed of one ounce of spirits of wine and five ounces of water; or, muriate of ammonia and water and a small quantity of the spirit. These means usually succeed in overcoming the disease if they should not, you must take blood from the scrotum but not by the application of leeches, at least not in private practice as the mess they produce would in all probability lead to an exposure of your patient's malady, there-

fore, what I do is this, I direct the patient to stand before me, and making the skin of the scrotum tense, I open three or four of the veins with the point of the lancet, then by fomenting the scrotum with a little warm water or directing the patient to stand before a fire, in five or ten minutes you obtain as much blood as is requisite, and by then making the patient lie down the bleeding will immediately cease: thus by this method in a few minutes you procure more blood than you would in double the time by the application of leeches and without any exposure. The weight of poultices is an objection to their employment; but fomentations may be prescribed with advantage as they unload the vessels and act beneficially in the same manner as leeches.—At the same time, purgative medicines should be freely administered. In some irritable constitutions, even all the remedies which I have named, will not be successful, the pain and inflammation still continuing, and you are under the necessity of having recourse to opium: the best form in which it can be given is that of the compound ipecacuanha powder. I prescribe ten grains of this and two

grains of calomel to be taken at night; sometimes I order them night and morning. Dover's powder and calomel thus combined, without exception form the best remedy that I am acquainted with, for subduing irritable inflammation, and after the operation of purgatives, you will find them of infinite service. Well, it sometimes happens that notwithstanding all we can do abscesses in the testicle will form: we must then apply poultices and fomentations for the purpose of bringing them to a speedy issue. After the discharge of the matter, should any sinusses remain, you must inject with a solution of sulphate of copper, in the proportion of two grains to an ounce of water; diluted sulphuric acid is occasionally used, but I give the preference to the former. The reason that there is so much difficulty in getting these sinusses to heal, is that the semen is a fluid which is constantly secreting day and night, consequently the adhesive inflammation is interrupted in its progress.

From these sinusses

#### *Funguses*

frequently sprout out. The treatment consists in paring

them off at their roots, and then bringing the edges of the external wound in contact.—These funguses are not of a malignant nature; they resemble those that occasionally shoot from the brain.

Well, a few words more, and then I will conclude.

### *Wasting of the Testis.*

This sometimes takes place, and is produced by two causes—absorption, and ulceration—here (shewing a preparation) is an example of this; when this effect is produced, it is generally in lads from fourteen to seventeen years of age. It is a curious circumstance, that if a boy of fifteen or sixteen gets a gonorrhoea that it is often succeeded by a wasting of one or both testicles. This effect is not the result of gonorrhoea only, but any cause, producing inflammation of the testis in very young persons will now and then lead to a similar misfortune. I have known it happen in consequence of blows from cricket bats and balls. The only

### *Treatment*

likely to prevent their entire decay is probably to employ them, to render them active, before the

whole of the glandular structure has become destroyed. If however, the inflammation of the testicle has been severe that alone is sufficient to derange the glandular structure in very young persons. I have known both testicles waste from the formation of serophulous abscesses, such cases are truly deplorable.

## LECTURE 60.

*April 29.*

Gentlemen, having at a former time treated of chronic enlargement of the testicle, and irritable testicle, I shall proceed this evening to consider sympathetic bubo.

### *Sympathetic Bubo*

is usually the result of inflammation of the glands of the penis. The inflammation extends on the outward surface of the glans, the absorbents of the dorsum of the penis become enlarged, and if you rub your finger along the dorsum you feel them hardened like a knot or cord, and frequently connected with the glands near the pubis. A bubo of this kind rarely suppurates, now and then you will meet with one that suppurates, but only in very irritable constitutions. When the



inflammation extends from the penis to the glands of the groin, these become inflamed also, and enlarged, and it is not at all surprising for a swelling after a gonorrhœa, to come on in the groin; a patient under such circumstances is afraid of a bubo, and alarm is excited in his mind of its being syphilitic, you may, however, calm his fears and tell him, that it is a common concomitant of gonorrhœa, and that he need not be uneasy. The distinction between a sympathetic bubo and one from syphilis, consists in this circumstance; in general, one gland only is enlarged in syphilis, but in a sympathetic bubo, you most frequently find a chain of glands affected; in the groin there are two sets of glands, one just above poupart's ligament, and the other about two inches or an inch and a half below it. The lower tier is seldom enlarged from sympathy, the upper frequently. Whether the gland will suppurate or not depends greatly on the mode of treatment—if mercury be given, it will be hurried into a suppurative process, therefore it should not be used, so as to produce a mercurial action in the system, connected with aperients, it is proper. The plan of treatment in sympathetic bubo, is the same as that for inflammation in any other part of the body; you purge the patient, apply leeches and an evaporating lotion, and advise him to diminish his quantity of exercise. By this plan, it soon gives way, and it is his own fault if it suppurates. The glans penis is covered with a plexus of absorbents, and by

making a small puncture in the skin of the dead subject and introducing some quicksilver under it, those of the dorsum receive the mercury, and by this means you inject the glands of the groin. Irritation by sympathy, or from the venereal virus, extends in this direction. The plexus on the glans becomes inflamed, the absorbents on the dorsum irritated, and then the glands of the groin enlarged; they are enlarged by a continued sympathy rather than the sympathy by which one part becomes affected by another at a distance from it, it is by a continuation of the inflammation, which commences at the mouth of the absorbents and terminates in the gland.

### *Gleet.*

The disease of which I shall now proceed to speak, is protracted in its length and difficult to cure; but first I have a few words to say on the nature of gleet. Gleet is said to be that stage of gonorrhœa when the discharge ceases to be infectious. I doubt whether there is such a complaint as gleet according to this definition, for I cannot help believing that a gonorrhœa never ceases to be infectious. Gonorrhœa when neglected sinks into a gleet, and is known by the change of the colour of the discharge, and the pain attending the inflammatory stage ceasing. In this state is the discharge infectious or not? I doubt myself whether a gonorrhœa ever loses its power of causing infection as long as any discharge from the urethra remains, and I will give you my

reasons for this opinion. A married gentleman went to Lisbon from this country, and whilst at a distance from home, departed as too many do from the path of virtue and went astray. The Portuguese lady with whom he cohabited took care to give him a clap that he might not forget her; he returned to England, and at the expiration of five months and three days after first observing the gonorrhœa, he called on me and asked, whether he might return home with safety to his wife? he said that he had a little discharge and wished to know if after having had it five months and three days it were possible for it to be infectious? I replied certainly not, you may go home, there is no danger of your giving it to your wife. He went home and unfortunately gave his wife a severe clap, I attended both the parties afterwards, and was extremely sorry for what I had done, but I thought, at the time I gave the advice, that a gleet was not infectious. But I think differently now, and believe that after a continuance of several months, the discharge is infectious. A gentleman from the north of England, and who had been recently married, came to me and said, that he had communicated a gonorrhœa to his wife. Shocked at such an occurrence, I said, how could you think of acting in such a manner? Why sir, for fourteen months prior to my marriage, I had a gonorrhœa; I made various attempts to get rid of it, and had a variety of advice about it, but a yellow discharge always continued. I

was told by every body that it was not infectious, and not till after such repeated assurances did I get married, the consequence however is, that my wife has a severe pain in making water, and a copious discharge. I visited her and found her in this state, she was some time under treatment before she quite recovered. From what I have seen I do hold that a medical man is not warranted in saying that a discharge of a gleet kind is not infectious. If the discharge is from a stricture, it does not produce infection. If the discharge is from an abscess in one of the lacunæ, it may be always known by its being absent for a week or more, and then flowing profusely, but not so in gonorrhœa; the discharge is generally suspended for some time, in an abscess of one of the lacunæ, and then returns, which is not the case in a clap; and the matter from an abscess of the lacunæ, is not infectious; whilst the discharge which begins a gonorrhœa, and terminates in a gleet, never loses its power of producing infection. Women of the town who frequently have a gleet on them, would not perhaps communicate a gonorrhœa to a debauchee, but let a man, fresh from the country, have intercourse with a woman under such circumstances, and he would immediately have a clap. I need not tell you what gleet is. The discharge is generally transparent at first, afterwards yellow, and if there be much excitement green. If the excitement be very considerable the discharge will be tinged with blood.

Gleet is rendered purulent, and bloody from excesses of different kinds. In this state if you examine the urethra after death, you will find the following appearances, inflammation extending for two or three inches down the urethra, and if the urethra be laid open for twenty-four hours, it will be quite florid as far as the seat of the gleet, but pale in the other part. The discharge does not proceed from the vesiculæ seminales, or COWPER'S gland, or the prostate, but from the lacunæ, and what you hear about seminal weakness, is nothing but folly and absurdity; there is no truth at all in it. The discharge commonly called gleet proceeds from the lacunæ of the urethra. A discharge, now and then comes from the vesiculæ seminales, through the urethra; when a person has a costive motion, a drop or two of mucus, or of a ropy fluid proceeds from the vesiculæ seminales, and is quite a different case from that called gleet, both are different as to their seat and origin; one may say with certainty from the nature of the discharge, when it proceeds from the vesiculæ seminales. I was attending a gentleman once, for obstinate stricture, on whom I frequently used the caustic bougies; one day I called on him, and he said to me, "Well, sir, you have produced a considerable discharge from the urethra, and I have communicated it to my wife; she has considerable pain, on making water, and whilst voiding her urine she is obliged on account of the violence of the pain to grasp the bed post. I wish you

would speak to her." I saw her, she had a yellow discharge, and great pain on making water, but a few doses of aperient medicine soon carried it off. Now gentlemen, as to the treatment of gleet I would observe this, that the medical treatment consists in the exhibition of sweet spirits of nitre, and the balsam of copaiba; from two to three drachms of the former, a drachm of the latter in four ounces of camphor mixture combined with an ounce of mucilage will form the best mixture I know of, a large spoonful must be taken twice or three times a day.

R. Spirit. Æther. Nitric. 3 ii  
Balsam. Copaib. 3 j.  
Mistur. Camph. 3. iv.  
Mucil. G. Acac. 3 j.

fiat mistura cujus capiat cochleare magnum bis vel ter die.

If this should not succeed, you must give cantharides together with thechio turpentine made into a pill.

R. Lytt. Pulv. grj.

Terbinth. Chi. gr. v.

fiat pilula ter die sumenda

When the other fails this is the medicine medical men usually employ. The local treatment consists of the use of bougies and injections, no treatment is so successful as this, every other is inferior to it. A bougie should be passed every other day according to the irritability of the patient, making use of injection at the same time; there will be no danger of stricture from this, because the bougies will prevent it; this is the plan of treatment you will adopt. Some persons apply to the urethra the unguentum hydrargyri nitratis; also the nuguent. hydrarg. nitric. oxy.

which should be diluted, a scruple to an ounce may be employed, and gradually increased to a drachm. The best injection is that with the oxy muriate of mercury, about a quarter of a grain to three ounces of water will be quite sufficient to begin with, it may be increased after a time to two grains to an ounce.— If it should not, however, be productive of any good in the proportion of half a grain to an ounce of water, do not use it any stronger, for it is likely to produce considerable irritation: in general it is an excellent injection. The sulphates of copper and zinc and cuprum ammoniatum have been recommended; each has had its advocates. The plan of treatment which I have laid down is the one I have found the most effectual myself: it is generally certain in its effect and always safe to employ. There are two diseases produced from gonorrhœa which may be called.

*Gonorrhœal Rheumatism and  
Gonorrhœal Ophthalmia.*

The first of these affections is not an unfrequent disease. I will give you the history of the first case I ever met with; it made a strong impression on my mind. An American gentleman came to me with a gonorrhœa, and after he had told his story, I smiled, and said to him do so and so, particularising the treatment, and that he would soon be better; but the gentleman stopped me, and said not so fast, Sir; a gonorrhœa with me is not to be made so light of, it is no trifle; for in a short time you will find me with inflammation in the eyes, and in a few

days after, rheumatism in the joints. I do not say this from the experience of one gonorrhœa only, but from that of two, and on each occasion I was afflicted in the manner I have described. I begged him to be careful to prevent any gonorrhœal matter coming in contact with the eye, which he said he would. Three days after this I called on him, and he said, now you may observe what I told you a day or two ago is true. He had a green shade on, and there was ophthalmia of each eye. I desired him to keep in a dark room, to take active aperients, and apply leeches to the temples in order to reduce the inflammation. In three days more he sent for me rather earlier than usual for a pain in one of his knees, (the left) it was stiff and inflamed; I ordered some applications, and soon after the right knee became affected in a similar manner. The ophthalmia was with great difficulty cured, and the rheumatism continued many weeks afterwards. This case struck me very forcibly, and I asked Mr. CLINE, with whom I was in the habit of frequently coming in contact, whether he had ever seen rheumatism proceeding from gonorrhœa? and he replied several times.

The next case did not surprise me so much; and now and then, ever since, I have met with similar ones. It is by no means an unfrequent occurrence for gonorrhœa to produce a rheumatic and painful affection of the joints. Whether it is by absorption of the poison, or the constant irritation produced by the inflammation of the urethra, I do not

know; but certain it is that gonorrhœa produces ophthalmia and rheumatism, and when not a single drop of matter has been applied to the eye. The inflammation generally attacks both eyes, and is of long duration. It requires the same remedies as are used in gonorrhœa; balsam of copaiba or some form of turpentine will be found the best, and to these you add such local treatment as the state of the inflammation demands. But with regard to gonorrhœal rheumatism some form of turpentine must be exhibited; either the spirit of turpentine, the balsam copaiba, or olibanum. When you have practiced a little you will find this to be true. I do not recollect to have met with a description of it in any surgical work, but whoever has practiced at all must have frequently met with it.

#### *Gonorrhœa in Females.*

Gonorrhœa in females is rather less violent than in males. Its seat is in Cowper's glands, on each side of the urethra at the os externum. On each side of the os externum, there are two small openings, which will admit the head of a probe being introduced into them, and these are the seat of the gonorrhœa in females. There is a great degree of urinous inflammation; the orifice of the meatus urinarius and the lacunæ discharge matter. There is pain in making water, and in some severe cases it commonly happens that there is considerable irritation of the bladder, and the shortness of the urethra is the cause of this; the inflammation

at the orifice extends down the meatus urinarius to the internal coat of the bladder. In this complaint the meatus urinarius, Cowper's glands, and the extremity of the vagina are red, and the carunculæ myrtiformes swollen. I once had an opportunity of examining a woman from Magdalen-ward of this hospital, who died of gonorrhœa; it is the only female with this complaint I have ever opened. In addition to the circumstances I have just mentioned, I found the urethra very red, and red streaks proceeding from the termination of the meatus urinarius to the bladder, and the bladder itself inflamed.

There is a circumstance which I am exceedingly anxious to dwell on, I allude to a discharge from young females, and I hope that there is not one here this evening but will be strongly impressed with the importance of the subject. Children from one year old, and even under, up to the age of puberty are frequently the subject of a purulent discharge from the pudendum, chiefly originating beneath the preputium clitoridis; the nymphæ orifice of the vagina and the meatus urinarius, are in an inflamed state, and pour out a discharge. The bed linen and rest of the clothes are marked by it. It now and then happens to a nervous woman, to be alarmed at such an appearance, and she suspects her child of having acted in an improper manner; and perhaps not quite clear herself, she is more ready to suspect others, and says dear me, if she confesses, it is something like what I have had my-

self. She goes to a medical man, who may unfortunately not be aware of the nature of the complaint I am speaking of, and he says, good God, your child has got a clap.—(a laugh)—A mistake of this kind, gentlemen, is no laughing matter, and though I am glad to make you smile sometimes, and like to join you in your smiles, I cannot do it on the present occasion, for it is too serious a matter. I can assure you a multitude of persons have been hanged by such a mistake. I will tell you exactly what takes place in such cases, the mother goes home and says to the child who is it that has been playing with you? who has taken you on his knee lately!—the child innocently replies no one, mother, no body has I declare to you. The mother then says. Oh don't tell me such stories, I will flog you if you do, and thus the child is driven to confess what never happened in order to save herself from being chastised, at last she says such a one has taken me on his lap, the person is questioned, and firmly denies it, but the child owing to the mother's threats persists in what she has said, the man is brought into a Court of Justice, a surgeon who is ignorant of the nature of the discharge I am now speaking about, gives his evidence, and the man suffers for that which he never committed. The mother is persuaded if there be a slight ulceration on the parts that violence has been used and a rape committed, she immediately says "what a horrid villain must he be for forcing a child to such an unnatural crime, and communicating to her such a horrible

disease. I should be glad to see him hanged." If I were to tell you how often I have met with such cases, I should say that I have met with thirty in the course of my life. The last case I saw was in the city, a gentleman came to me and asked me to see a child with him who had a gonorrhœa on her, I went and found that she had a free discharge from the preputium clitoridis. I said that there was nothing so common as this; there was considerable inflammation and it had even proceeded to ulceration, which I told him would soon give way to the use of the liquor calcis with calomel.—"Do you tell me so," he replied "why suspicion has fallen on one of the servants, but he will not confess. If he had appeared at the Old Bailey, I should have given my evidence against him, for I was not aware of what you have just told me." I told him that if the man had been hanged by his evidence, he would have deserved to be hanged too. I am anxious that this complaint should be known by every one present, and that the remarks which I have made should be circulated throughout the kingdom. When a child has this discharge there is a heat of the parts, slight inflammation, and this sometimes increases and goes on to ulceration. This disease sometimes occurs in children at the time of cutting their teeth. The treatment you adopt is the lime water with calomel applied to the part; and give calomel and rhubarb combined with jalap.

As to the treatment of gonorrhœa in females, you must

direct the patient to take diluents; we possess no medicine which has a specific influence over the discharge in females, you must depend on diluents, and appease any local inflammation by the use of such lotions, as the liquor plumbi, dilutus; a sponge dipped in these, should be introduced into the vagina, and be allowed to remain there; it should however be often removed and cleaned. It is necessary that the patient should take aperient medicines.

*Of gleet in females.*

I observed, when speaking of gleet in males, that it was doubtful whether the discharge, as long as it continued, ever ceased to be infectious. The same observation applies to females.—The learned professor here related the experiment detailed by Mr. HUNTER, in his work on syphilis, shewing the length of time the infection may be propagated by a female, after the appearance of the discharge.

## CHEMISTRY.

If we examine the different substances about us, under common circumstances, we find them all of the same temperature, whether they be in the solid liquid, or æriform state; or if we place a heated body in the open air, it soon loses its previously acquired heat, and becomes of the same general temperature with those around it. We stated in our last number that some bodies conducted heat through

their substances from one part to another, while others on the contrary refused to do so at all, at least so far as we are enabled to detect; perhaps it may be conceived that this property of bodies is the cause of the uniform temperature observed in nature by transmitting any increased heat which may accumulate from one situation to another where the temperature is less, and thus diffusing the heat in a general and uniform manner. That this is the fact in some cases may be true, but generally it is not so for heat is diffused throughout nature, not by conduction, but by a property called *radiation*. All bodies have this property of sending rays of heat from their surfaces, and whenever they possess more of it than exist in others they radiate heat with great rapidity; and as the heat by this means is driven off in every direction from any heated body, that body soon parts with its extra portion of heat, becomes reduced to the general temperature and finds an equilibrium in a time dependent on its rate of radiation. The heat which we feel when we approach within a short distance of a red hot cannonball is that which is *radiating* from the surface of the ball, and passing off in every direction with incalculable velocity, infringing on our bodies and in fact every other substance within the influence of its rays, and causes the sensation which we experience. As the heat does not again return, it soon expends itself, and the ball acquires the mean temperature of surrounding bodies. It may be observed

that bodies in the immediate neighbourhood of a heated substance, acquire an increase of temperature: this they do by conducting the heat which is radiated from the heated body into their substances; but these bodies being also obedient to the same law of radiation, soon send off their newly-acquired heat to other bodies; these receive and part with it again to others; and thus *by radiation* heat is passed from object to object, and a uniform and general temperature is preserved throughout nature.

All bodies do not radiate heat with the same facility, and many interesting experiments may be made to prove this fact. Fill a copper tea-kettle with boiling water, having previously brightened one side of it, and suffered the other to remain in its usual black state, which it acquires by the soot from the fire. Now place a delicate thermometer three accurately measured inches from each side of the kettle, and you will observe that the thermometer on the black side will rise several degrees, while that on the bright side will scarcely be affected. This experiment teaches us that the heat is radiated, or sent off from, the black side of the kettle with more rapidity than from the polished.—Again, heat two metal balls, of the same size, to the same temperature, by placing them either in a sand bath or boiling water, let one have a polished surface, and let the other be blackened. Now remove them from the heat, and in a few minutes, or as soon as it can be borne, place one hand on each ball, you will find that the

polished ball will still remain hot, whilst the black one will have parted with the greatest portion of its lately acquired heat, and will feel comparatively cool. We cannot find room to enumerate the various powers different bodies possess in radiating heat; we may state that it varies in almost every substance in nature, but still we may observe that every body possesses it in a sensible degree.

Heat, like light, is also *reflected* from polished surfaces, at angles equal to those of incidence; and it is observed that the worst radiators of heat, are the best reflectors. The rays of heat may be concentrated by reflecting mirrors of polished copper or tin, and made to act at considerable distances, analogous to the concentration of the reflected rays of the sun, by a concave glass mirror.

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In the present number of Dr. JAMES JOHNSON'S Journal appears a *phenomenon*—viz. an article of value; with much satisfaction we present it to our readers.

*To the Editors of the Medico-Chirurgical Review.*

GENTLEMEN,

In pursuing the object, agreeably to my promise, of showing the constituents of opium, I shall, in the first place, speak of that part or portion of this drug, which has been introduced into medical practice by the French, under the name of *Morphium*.

Twenty-six pounds (avoird-



pois) of dry opium imparted to distilled water twenty-three pounds, leaving a residuum weighing three pounds, when dried; this residuum or *refuse*, I apprehend to contain the *morphium*, and to the exposition of this fact, my present and immediate purpose is confined.

This residuum of three pounds, was macerated in a mixture consisting of fourteen pints of distilled water and two pints of strong acetic acid, for twelve hours, three times, and to the liquor when drawn off, ammonia was added in excess, when a change to a creamy state ensued. The creamy substance was shortly precipitated, and being separated from the fluid, was washed repeatedly in distilled water, and when dried weighed 38 drachms 20 grains. This substance I apprehend to be *morphium*, so called, (impure) and when divided by means of boiling sulphuric ether and alcohol, was found to consist of:—

	Drachms.	Grains.
Resinous matter . . . . .	15	7
At the rate of 20 grains per drachm of the 38 drachms 20 grains.	<div style="display: inline-block; vertical-align: middle; font-size: 3em; line-height: 1;">{</div> <div style="display: inline-block; vertical-align: middle;">           Crystals or  <i>morphium</i>,            so called            (pure). . . 19            Do. less pure 1         </div>	4
		48
Matter resembling earth, afterwards dissolved in a diluted solution of potassa (less 13 grains)	2	21
	38	20

or 5 oz. avoirdupois and 100 grains.

Of the residuum of three pounds, 5 ounces remained suspended in the liquor, and 38 oz. in a fibrous greasy state, smell and taste unpleasant, peculiar to opium; this latter was boiled in alcohol twice, and being

pressed, left in the cloth about 29 oz. having the appearance of calamita styrax, free from the greasy appearance, and nearly so from the peculiar opium smell and taste.

The alcohol thus boiled became of a deep brown colour, and on cooling, a tenacious waxy matter adhered to the sides, and bottom of the vessel; in this waxy matter the peculiar smell and taste before noticed, prevailed to an intense degree. The waxy matter weighed about 7½ oz., was highly combustible, forming compounds with oil and turpentine, and of a specific gravity somewhat exceeding water. By means of Papin's still, the alcohol was then brought over, and left about 2½ oz. of resinous matter, partaking strongly of the taste and smell of Opium:—thus,

	Oz.	Gr.
Waxy substance . . . . .	7	2
Resinous matter . . . . .	2	1
Appearing like calamita styrax . . . . .	29	0
	38	3

being an increase of ½ oz. which I apprehend to arise from the retention of moisture by the resinous and waxy matter.

The 29 oz. appearing like styrax, by the addition of diluted solution of potassa became gelatinous and greatly increased in bulk, and being dried at a temperature of 150°, formed a substance which, when broken, exhibited a shining fracture.

Recapitulated, the residuum of three pounds is accounted for as follows:—

	Oz.	Qrs.	Gr.
<i>Morphium</i> , so called, (im- pure) 35 drs. 20 grs. or . .	5	0	100
Remained suspended in the first process . . . . .	5	0	0
Last above mentioned . . .	35	3	0
	45	3	100

I now proceed to show a similar result from the residual matter of Tincture of Opium, Tincture-bottoms. Of this matter, when perfectly dried, one pound was macerated in a mixture of strong acetic acid, and distilled water for twelve hours. The maceration was repeated twice, and again twice in a similar mixture, at a temperature of about 150°, and to the liquor when drawn off, ammonia was added in excess;—a change to a creamy state ensued, as in the first mentioned experiment, and the creamy substance was in like manner, washed and dried, and weighed 10 drachms 28 grains; of this quantity, 8 drachms, 45 grains, were divided by means of boiling æther and alcohol, and consisted of:—

	Drachms.	Grains.
Resinous matter . . . . .	4	6
At the rate of ) Crystals, or 35 grains per ) <i>morphium</i> , drachm of the ) so called, burn. 45 grs. ) (pure) . . . 4	4	4
Matter resembling earth, 0	0	50
	9	6

being an increase of 21 grains, which I apprehended to arise from the spirit detained in the extract.

Results nearly similar to those already mentioned, were obtained by boiling alcohol, from the remaining portion of the residual matter; that is to say, the substance having the appearance of *calamita styrax*, the

waxy substance, and resinous matter:

The results were also similar, so far as the experiment was carried, from 10 lbs. of the residuum or *refuse* of Opium, subjected three times to boiling alcohol, viz.:—

	Oz.	Qrs.	Gr.
Resinous matter . . . . .	15	0	0
A Crystalline mass . . . .	19	3	20

This mass, when reduced by solution, and by the separation of the waxy and other matter, by means of boiling æther and alcohol, re-formed in crystals perfectly similar to the *morphium*, 19 drachms, 4 grains, and 4 drachms, 4 grains, resulting from the two several processes first mentioned, and weighed 62 drachms, 52 grains.

I shall in your next number, with your permission, advert again to *Morphium*, and to a fluid intimately combined with the waxy and resinous matter, and closely connected with the peculiar smell and taste of Opium; and then proceed to show the constituents of the twenty-three pounds imparted to distilled water (part of twenty-six pounds) as first above mentioned, but I must not now conclude without stating that *landanum*, Tinct. of Opium, does not contain any, or if any, only a very small portion of *Morphium*, (so called) and recent observation tends to confirm an opinion which I have long entertained, namely, that *Morphium* does not partake of the sedative properties of Opium; in more than a very limited degree, if at all. I am, Gentlemen,

Your obedient servant,  
RICHARD BATTLEY.  
Fore-street, May 16, 1824.

## Foreign Department.

## ON THE CURE OF HYDROPHOBIA.

[From Hufeland's Journal der praktischen Heilkunde.—March.]

*Blisters under the tongue in hydrophobia, long known in Greece under the name of Lyssais. By Dr. XANTHOS, of Siphnus, in Greece.*

At the end of January 1823, as many of my countrymen, compelled by the events which occurred in our country, were travelling from Russia through Germany to Marseilles, I saw one of them who came from Trapezunt, who had been bitten by a dog in Hanover.

He had a considerable wound in the middle of the right thigh, which pained him in walking. Notwithstanding my advice, that he should stop on his journey till the wound was healed, he insisted on setting out the same day with his countrymen, and took nothing with him but a little mild salve. Early in the month of May, I met this man again with 27 of my countrymen, in Zurich, and was happy to find the wound in a short time completely healed. The man said it was a lucky circumstance that the dog was not mad; upon which a Greek, from the Peloponnesus, considerably advanced in years, and well acquainted with the customs of our country, observed, that if the dog had been mad, it would not have been of much consequence, all that would have

been necessary was to cut out the *Lyssais* as soon as possible; I immediately put the question to him, 'What do you mean by the *Lyssais*?' He replied, 'In persons who have been bitten by mad dogs, there appear on the ninth day, little blisters under the tongue, which we call *Lyssais*; these must be cut off with a sharp knife, and the bleeding suffered to continue till the poison is discharged.'

Acquainted with the information; which Dr. MAROCHETTI had communicated on this subject, I considered the testimony of this old Greek, extremely important. I inquired of my other countrymen, who had lived in various provinces of Greece, whether they were acquainted with this practice; most of them answered in the affirmative; some assured me that they had often witnessed it.

As my countrymen were too much dispersed in different places to enable me personally to obtain particular information on this subject from each of them, I sent certain questions from Heidelberg, and obtained from Aran, the following answer from Polychronis, a Thessalian.

'If a man is bitten by a mad dog, on the ninth day small blisters, called *Lyssais* appear under the tongue; they are about the size of a pea, some of them smaller! they are rather dark coloured, and look like flesh.—They are situated on the under side of the tongue, near the membranous band; particularly on the side of the veins. If you observe the tongue of a sound man, and then examine that of a man who has been bitten by

a mad dog, you will immediately see the difference.

"As soon as these *Lyssais* are observed, they must be cut out with a sharp knife, and the bleeding continued, till the poison is discharged. If this is neglected, or deferred too long, as for instance till the twentieth day the brain becomes affected, and the patient will die in deplorable convulsions."

Seven Greeks, who were staying at A——, partly natives of Thessaly and Epirus, and partly from the islands of Greece, confirmed this testimony. Another from Lagura, near Larisse, wrote to the same effect, adding that in his country after the *Lyssais* had been cut out, and the wound suffered to bleed a considerable time, a red hot iron was often applied to the part for several days. An Epirot, K. W. wrote me word from Basil, that in his country, when the *Lyssais* were cut out, and the wound had bled copiously it was the custom to rub it with garlic and common salt. He assures me that he has often seen this done, and that when this plan has been carefully pursued the patient after the fortieth day is out of all danger. He adds, that the inhabitants of the neighbouring mountains, after the *Lyssais* have been cut out, wash out a gun-barrel with water, and make the patient wash his mouth with the rinsings.

Thirteen Greeks staying at Basil confirmed this testimony, with some slight variations.

A Peloponnesian, 80 years old, who had been in trade from fifteen to twenty years in Russia,

who had since resided at Odessa, and who is now in Switzerland, tells me that he has often employed this method in Russia with the happiest success.

In some parts of Greece, it is the custom to apply squeezed river crawfish to the bitten part; a drink is also prepared by squeezing these crawfish, and pouring upon them wine or water. The inhabitants of many provinces of Greece, have great faith in the efficacy of crawfish in cases of hydrophobia, and use them both internally and externally.

They do not neglect also to treat the bitten part by burning, excision, escharotics, &c.

From all this information it appears that the treatment of hydrophobia throughout Greece is the same, namely, by excision of the *lyssais*.\* A question now arises whether the peasant by whom Marchetti saw this treatment successfully employed, learnt it from a Greek, or in Greece itself. That it had its origin in Greece, is evident from the name *Lyssais*, which is used throughout that country. Mr. Sieber the traveller has lately declared, that he has discovered a remedy for hydrophobia in Greece which he does not, however, disclose, as he has a view to indemnifying himself by selling the secret. Whether this remedy is that which has been pointed out, or some other, time will shew. In the mean time I should have thought myself wanting in the duty which I owe to my fellow-men, if I had not as soon as pos-

\* From *Lyssa rabies canina*; pl. 24.

sible made known to the German physicians, a plan of treatment which is universally adopted in my country, and the success of which has been testified by so many of my countrymen.—Happy shall I be if my information should contribute to the discovery of a remedy for so formidable a disease. If I should obtain any further information on this subject, I will take the first opportunity of communicating it.

*Observations of Dr. Hufeland on the foregoing communication.*

I think the above communication deserves the greatest attention, and I beg leave to thank Dr. Xanthos for it in the name of the public. It shews us the true country in which this discovery was made, which is probably one of great antiquity. The statement is confirmed by the strongest evidence, that of a great number of Greeks coming from different districts, many of whom were advanced in years. I must confess that I received M. Marochetti's paper on the subject some years ago, but I declined inserting it, until something should be ascertained by accurate observation, as I had just before been disappointed in my trials of the *Alisma Plantago* which had been recommended from the same quarter.

My friend Dr. Rust gave an account of these blisters in his magazine, and further observations on the phenomena of blisters under the tongue in hydrophobia were made at the instance of the Prussian Government.—The result was, that they were discovered in many cases which occurred in the hospitals. That

they were not always discovered is probably to be attributed to the examination being made too late, since Dr. Xanthos observes that they are only to be found within a certain time after the bite. In France the blisters have been observed, and in some cases treated with success.

The present communication must give additional importance to this subject, and calls upon all physicians to give the utmost attention to it, as it may enable us to make advances in the knowledge and treatment of an hitherto intractable disease, and to free mankind from one of their most formidable scourges.

A method is here pointed out of preventing the disease, and it is not improbable that this universal practice is one of the chief causes of the unfrequency of hydrophobia in the Levant.

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*Cases illustrating the virtues of Oleum Terebinthina in the cure of Puerperal Fever.*  
Read before the Medical Society of Charleston, S. C. By ISAAC A. JOHNSON, M. D.

[From the Philadelphia Medical Journal.]

CASE I.

Mrs. C. D. aged thirty-five years, was delivered of a dead child on the 19th of August 1820. She seemed tolerably well until the 21st, when she complained of severe pains in the head and abdomen, the latter being considerably tumefied and sore to the touch. She was very restless, her tongue furred, pulse tense and frequent, with a total suppression of the loeal discharge,

nor had her bowels been evacuated since her confinement—in consequence of which, a solution of Epsom salts and magnesia was administered, which had the effect of purging the bowels, but did not contribute much towards alleviating the pain and swelling of the abdomen. Visiting her the following morning, (22.) she still complained of great uneasiness about the abdomen. I therefore prescribed the spirit of turpentine and castor oil, equal parts, in doses of half an ounce every hour until the bowels were freely evacuated. On visiting her in the evening I was not a little gratified to find her greatly relieved of pains, and that she had passed a tolerably comfortable day.—Thus encouraged, I continued the medicine until the following morning, (23d) when the interval between attacks was prolonged. The most alarming symptoms being subdued by the turpentine, on the morning of the 24th it was omitted, and the case treated as one of common fever until the 25th, when the abdomen becoming greatly enlarged, attended with every mark of approaching ascites, demanded my attention—the usual treatment for which was resorted to, and in due course of time she was restored to health.

*Case. 2.*—Mrs. J. W. aged 25 years, on the day after her confinement, (Oct. 5th, 1820) was seized with severe pains, in the head, back, and abdomen, the last considerably tumefied and tender, accompanied with a total suppression of the lochial discharge—her bowels were constipated—pulse *full* and *tense*—irritability of stomach so great

that the saline cathartics, though administered in small doses, were rejected. In this condition, I resorted to the oil of turpentine and castor oil, in equal parts, a half an ounce of which was given every hour until it operated freely. This had the desired effect—every dose was retained, and in a short time it operated freely, subduing the pain and swelling of the abdomen almost completely by the morning of the 7th. I considered it advisable, however, to continue this treatment until the 8th, when the presence of fever rendered it necessary to recur to some febrifuge medicine with occasional doses of the cathartic: but little more being now required, some gentle tonic was given, and in a few days she perfectly recovered.

*Case 3.*—March the 5th, 1822, Mrs. J. W. was delivered of a *healthy child*. She had been much fatigued, and her mind disturbed for some days previous to her confinement, which not only rendered her labour difficult but was the cause of a very severe illness, notwithstanding every precaution was taken to prevent it. On the 7th day after her confinement she was seized with lancinating pains about the *abdomen* which soon became hard and sore to the touch, accompanied with severe rigors and fever, difficulty of breathing, and in short by every symptom indicating puerperal fever. This lady, having obtained relief from the turpentine on a former occasion, expressed a great desire to be allowed to take it again—but from the fullness of the pulse and fever, I preferred the saline cathartic.

Apprehensive that this "new remedy" might probably be too stimulating, (being not yet perfectly satisfied of its virtues) the sub-sulphate mixture (as used in a former case) was accordingly prescribed. But on my return in the evening, not finding any relief procured, and the patient still desiring the turpentine, I resolved to try it in the manner above-mentioned. The medicine was taken through the night with the greatest advantage—and having slept several hours, she awoke comparatively free from pain. The medicine was continued during the next day, (14th) and on the following morning she was so much better that she sat up in bed, drank chamomile tea, and in a few days was quite restored. Mrs. W. has since repeatedly declared "that the turpentine had twice saved her life."

**Case 4.**—Hagan, aged about forty years, a servant of the Hon. W. J. was delivered on the 15th of May 1822, by instruments, of a *dead child*—and in consequence of the great exertions unavoidably used on the occasion, the most serious symptoms were to be apprehended. On visiting her the following morning (eight or nine hours after her delivery) I found that she could neither retain her urine nor fæces: she complained of great pain and soreness about the abdomen, accompanied by a full and hurried pulse, with pain and numbness of her lower extremities. It was suggested by Dr. J. G. that the camphorated julap, with spirit of nitre and the camphorated tincture of opium, should be administered in doses of half an ounce

every hour, until the most urgent symptoms were subdued.—This treatment was persisted in until the evening of the 16th, when the pain and soreness of the abdomen still continuing, a large blister was applied over the whole surface of that region.—On visiting her the following morning, (the 17th) and finding that she had obtained but little benefit from the medicine she had already taken, we believed that the turpentine might now be found useful. Accordingly a tea-spoonful of it was administered every two hours in a little milk, (the most agreeable menstruum) with alternate doses of the camphorated julap, now prepared with a larger portion of spirits of nitre.—When we visited her at noon the beneficial effect of the medicine was evident, and by evening all that we could have wished for was attained. The patient had slept comfortably, which was the first she had enjoyed since her confinement. She could now in a great measure retain her urine and fæces—her bowels had been gently evacuated—she could turn in her bed without assistance—the pain and soreness of the abdomen were much relieved, and she was in every respect much better. This treatment, with little variation, was persisted in for a few days, when every alarming symptom subsided, and the patient by means of gentle tonics became entirely well.

The following cases are somewhat analogous to the foregoing, in which this medicine proved infinitely serviceable.

**Case 1.**—May the 12th, 1822.

I was requested to visit Nelly M'Crady, a free woman of colour about twenty years of age, then in her third month of pregnancy. Two days previous to her sending for me she had commenced flooding, and had taken several articles from a nurse without effect. She was very much reduced, and I seriously apprehended abortion. I gave her several doses of sugar of lead and Dover's powder, which were attended with no other effect than the production of constipation of the bowels. To relieve this, the spirit of turpentine and castor oil were combined and given in doses of half an ounce every hour, until the bowels were freely evacuated. As soon as this effect was produced, she slept comfortably and awoke much relieved—the hemorrhage gradually subsided, and in a few days, by the use of the volatile tincture of guaiacum, she was perfectly restored, and her *infant* was born healthy and in due time.

*Case 2.*—May 4th, 1823, I was requested to visit a servant belonging to Mr. John Johnson, Jr. About three weeks previously, she had received a severe blow upon the abdomen, which in a short time after produced considerable flooding and a complete cessation of motion in the fetus, then in its fifth month. The case was alarming, although the hemorrhage had in a great measure subsided: she complained of severe pains in the head, back, and occasionally in the abdomen. She had perceived no motion in the child (except that of rolling) since the accident, and her bowels were constipated—to relieve

which, a dose of Epsom salts and magnesia was administered on the night of the 4th, which though it operated tolerably well did not lessen the pains. A black and fetid discharge issued from the vagina, which was somewhat increased on the following morning. Further evacuation of the bowels being necessary, the turpentine cathartic was prescribed in the usual proportion, directing an ounce to be taken every two hours until it operated freely.—This had the desired effect after the second dose her head and back were much relieved. The medicine was continued, though at longer intervals, until the next day, when it was omitted and a tea-spoonful of the volatile tincture of guaiacum given three times a day. Under this plan of treatment she was restored to health, and the motion of the child became vigorous.

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## HOSPITAL REPORTS.

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### GUY'S HOSPITAL.

No accidents of importance this week.

On Tuesday last the right *external iliac artery* was tied by Mr. MORGAN; the operation was performed in a very scientific manner; the subject of it is a man about thirty-five years of age, and was admitted into the hospital on the 9th of May, on account of an aneurismal tumour of the femoral artery, about five inches above the knee; subsequent to his admission, two other



swellings of the same kind appeared in the same limb, the upper one so close to Poupart's ligament as to render the above operation necessary. Since Tuesday the patient has been in a very favourable state.

### ST. THOMAS'S HOSPITAL.

G. V.—aged 26, musician, admitted into Jacob's ward, April, 8th, 1824, with an enlargement of the right testicle, was examined in the operating theatre May 22nd by the Surgeons, in order to determine whether the testicle ought to be removed or not. The history of the case is this. About the middle of May, 1823, the patient had a gonorrhœa which remained on him fifteen weeks, before it was quite cured. About a month after the first appearance of the discharge, the right testicle swelled, but the running continued just the same. He applied cold lotions to the swelling for six or seven weeks, wore a suspensory bandage, which relieved the pain, and considerably reduced the swelling, although not to its natural size. Last October, a month after the discharge had stopped, the same testicle became enlarged again, which he attributes to taking a good deal of exercise, and leaving off the bandage which he had before worn. At this time he felt an enlargement at the upper and back part of the testicle, which projected from the testicle itself, was quite hard, and, (to

use his own expression) in size and feel, similar to the last joint of the thumb. In two months (beginning of December) this increased and became incorporated with the body of the testicle. From this time the whole has been gradually increasing in size, giving him acute pain in the loins on taking exercise or indulging in any excess. The application of cold always gave him temporary relief.

Indulged a good deal in sexual intercourse before the testicle became enlarged, but since has had little or no desire. Has been in the habit of staying up late at nights. Rather tall, dark hair and eyes, countenance of a leaden hue, general health pretty good. Since the patient's admission into the hospital, the testicle has been poulticed, and repeatedly bled with leeches; friction with mercurial ointment, and camphor, and mercury with opium internally have been employed without producing any relief. The swelling has also been punctured twice; the first time it was done, a little serum was evacuated the second nothing but blood.

#### *Description of the Testicle.*—

The testicle measures from the bottom of the penis to the perinæum 10 inches; across from one side to the other 9 inches. Is very hard at the upper and back part and inner side, and may be squeezed in those points without giving any pain; at the inferior part is a slight projection which is soft and feels as if there was a fluid in that part. On the outer side there are three or four slight prominences which

are rather hard. Integuments of the scrotum a little inflamed.

The patient has a stricture for which a bougie has been passed every other day. The surgeons after eliciting the above particulars were of opinion that the removal of the testicle was the proper treatment to be adopted, and the operation of castration was this day, (May 28) performed by Mr. Tyrrell. Since the removal of the testicle the man has had an attack of peritoneal inflammation; he is now doing well. On the same day the operation of Lithotomy was performed also by Mr. Tyrrell. In the history of this man's case there is nothing worth recording.

Between the performance of the above operations there was to have been presented (first time at this Theatre) a new INTERLUDE entitled, the  
**THREE NINNYHAMMERS.**

Principal characters by Messrs. TRAVERS, GREEN, and TYRRELL; PROMPTER (*with spectacles*) NASH, the hospital steward.

At the conclusion of the Lithotomy operation, NINNY the first, B. TRAVERS, having on his right, NINNY the second, J. GREEN, and on his left, NINNY the third, F. TYRRELL, advanced to the front of the stage for the purpose of delivering the prologue; he appeared exceedingly alarm-

ed and apprehensive that he would faint, NINNY the second held a basin of cold water, and NINNY the third was provided with his wife's smelling bottle. It was admitted on all sides that the appearance of the actors was admirably characteristic of their names; and an exquisite dramatic treat was anticipated. After the customary obeisance, NINNY the first addressed the audience to nearly the following effect.

"Gent—gentle—gentlemen—I have, you are all of you aware, an imperfection of the head (*reiterated exclamations of "bravo" "bravo," "what a candid acknowledgment," the performer, however, seemed much confused and agitated*) gentlemen I mean the heart (*rather sharply*) which renders it impossible for me to address many observations to you. I have to remark that we, the three Ninnyhammers, and Prompter Nash, are opposed to the publication of what transpires in this hospital; we object to the publication of operations and cases, the vulgar cannot discover our motives for particular acts; cases have also been incorrectly given; our reputation (*a laugh*) is likely to suffer; we have therefore thought it our duty to send the reputed Editor

of a Medical Journal notice that we will not again admit him here. We are informed that many of you are his coadjutors, that you have promised to furnish the said Editor with an account of cases and operations; if any of you are pledged to do this and cannot honourably break your engagement, we shall be glad to see you in our *private* room, and to those who are so circumstanced we will (*very much affected, and wiping his eyes*) return their entrance money. (*At this declaration GREEN looked BLUE and TYRRELL as wretched as the patient on whom he had just operated.*) Now gentlemen, I have finally to inform you that those students who shall in future send for publication an account of any thing which transpires in this Hospital will be expelled."

At this announcement there was considerable uproar among the pupils, so much so, that they would not permit the piece to proceed; the PLOT was by no means relished, and its premature disclosure caused "THE THREE NINNYHAMMERS" to be irrevocably and deservedly damned.

## MIDDLESEX HOSPITAL.

May 29.—Charles Osborn, a healthy young man *Ætat* 26, was brought here from Park Crescent about five o'clock this evening under the following circumstances:—In ascending a ladder his foot slipped and he was projected from the height of several feet on his back, into the area of a building. Upon examination it was found that a total loss both of sensation, and voluntary motion of the lower extremities had been produced by the accident. Most of the muscles of the abdomen appeared also to have lost their sensibility and when the patient was pinched here, or in the lower extremities no uneasiness was occasioned. The loss of sensation appeared to have terminated or commenced around the body about two inches above the Umbilicus; and at this line of separation of the insensible lower half from the superior part which retained its sensibility to impressions, an increased perception or irritability on pressure might be noticed. In the upper extremities there was a loss of voluntary movement only, and partially also of sensation, which latter perception, though evidently diminished, was not entirely absent. Upon examining the spine no displacement presented itself nor was there any external appearance of injury to the spinous processes or discoloration of the integuments. There was however a tenderness on pressure at the line of demarcation already referred to, which on the back, was just below the inferior angles of the Scapulae. From the commencement, the sensorial, or more properly, the motor powers were in no degree affected.

Thirty ounces of blood were abstracted from the arm in the recumbent position which produced an evident effect on the pulse, it now became softer and less frequent, it had previously been 82 and after the bleeding fell 5 or 6 beats in the minute. Soon afterwards he vomitted the contents of his stomach, and evinced a greater degree of irritation and increased suffering of pain, and at this period, had partially recovered the power of motion in his left arm. His pupils were in no respect particular, and dilated and contracted as usual; his respiration was rather oppressed and performed by the diaphragm, and with seemingly a forcible action of the abdominal muscles, although these latter \* muscles were deprived of their sensibility. Pulse at this period 56 and somewhat irregular. An enema of house medicine was administered and the following medicines were ordered him:—

R. Extracti Colocythidis Compositi grana quinque fiat pilula quartis horis donec alvus dejecerit sumenda.

R: Spiritus Aetheris nitrici 3 ss  
Misturæ camphoræ 3 iss 4 tis  
horis sumendus.

30.—Very restless all night—skin hot and dry—tongue furred—Pulse 76 and rather full—No sensation in his legs or abdominal muscles—Respiration more easily performed. The Enema was repeated early in the morning, and he has since had three or four stools which passed involuntarily

\* Whatever be the precise nature of the present disturbance, whether concussion of the spinal marrow or compression, or both, it is obvious enough that the mischief exists somewhere below the origin of the phrenic plexus of nerves.

—he had also priapism and involuntary emissions—his urine has been drawn by a catheter and he was not sensible of its introduction by any perception in the neighbourhood of the parts—Complaints of great pain under the inferior angles of the scapulae on the least motion.

Venesectio ad 3 xii.

after which his pulse was 78 and weak. The former medicines omitted.

R: Antimonii Tartarizati gr. 4  
Liquoris Ammoniae Acetatis 3 iv  
Aque puræ 3 j fiat haustus  
4 tis horis sumendus.

31.—To day he was placed on a bed very nearly resembling Mr. Earle's and ordered to be kept quiet—bowels open once this morning involuntarily—water again drawn by the catheter—tongue furred—skin hot and dry—pulse rather fuller—the above draughts omitted and the following treatment substituted:—

Venesectio ad 3 x

R: Calomelanos gr. i

Pulveris Antimouialis gr. iii.  
fiat pilula 4 tis horis sumenda.

R: Liquoris Ammoniae Acetatis 3 ss.

Misturæ Camphoræ 3 j 4 tis  
horis.

Upon a careful examination, the other symptoms were not found to have undergone any sensible alteration.

June 1.—Pulse 86 weak—tongue furred—skin hot and dry—Respiration tolerably free—is more easy but complains of great weakness and says that on pressure of the abdomen he has some internal sensation though not at the part so touched—no sensation or motion in the lower extremities—motion and sensation in the upper extremities more perfect—water still

drawn by the catheter of which he has no sensation—bowels not open since yesterday morning—the Enema was ordered to be repeated and five grains of colocyath pill to be added to the colomel and antimony until the bowels have been well emptied.

June 1.—The other accidents admitted into the Hospital since our last report are two cases of fractured thigh—one fractured and one lacerated leg and an injury of the head—this last case was that of an Irish labourer name Neal—from a brick having fallen from the top of a house on his head—there was a laceration of the scalp and a puffy tumour over the left parietal bone about its posterior and superior angle and another just over the coronal suture about two inches and a half above the external angle of the orbit; leeches were applied to the tumour and sixteen ounces of blood were drawn from the arm. The radius of his left arm was also fractured; there was a trifling degree of stupor present on his admission which may have resulted from the accident but was more probably produced by the usual stimulants exhibited by ignorant friends on these occasions. He has no bad symptoms at present.

#### WESTMINSTER HOSPITAL

Saturday, May 29.—Mr. LYNN removed a tumour, of a dark chocolate colour, with numerous large blood-vessels running over its surface, from the face of a woman about 30 years of age.

The patient stated that the

disease had existed for two years and a half, proceeding gradually to increase in magnitude, from the size of the head of a pin, to that of a common cricket-ball; accompanied throughout its progress with but a small degree of pain. The inconvenience attending it, with fears that the eye might ultimately be injured by its being suffered to remain, induced her to have it extirpated.

At its superior part the tumour adhered to the inner angle of the eye; its margin then proceeded downwards, adhering to the side of the nose, as far as two-thirds of the whole length, and at the lower part, ran across the top of the upper lip, half an inch farther than the angle of the mouth, from thence upwards, describing a semi-lunar arch, till it reached the inner angle of the eye again, growing in its progress to the whole length of the inferior eye-lid; the space covered by the tumour was about two inches in diameter.

Mr. LYNN first made a perpendicular incision, with a common scalpel, down the side of the nose, the whole length of the tumour; he next separated it carefully from the lower eye-lid, and cut downwards at its outer side, in the cheek, dissecting it out, down to the lip, from which it was finally detached. Several branches of the facial artery were wounded in the course of the operation, but they were of no further inconvenience than to slightly impede the progress of the operation, as they did not require to be secured.

The wound was dressed with

lint laid upon it, to allow it to heal by granulations arising from the bottom. The operation lasted ten minutes.

On examination, the tumour appeared to be composed of a firm, dark-coloured, cartilaginous mass, and perforated to its bottom with several holes, large enough to admit of the passage of a common-sized probe.

Mr. LYNN also removed a *nævus maternus* from the cheek of a child nine months old, of the circumference of a shilling; one small artery was tied, and the wound closed by strips of adhesive plaster.

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*Continuation of the case of J Oakley.*

Thursday, May 27.—The patient complains of a dull pain in the head, but is in other respects much the same as yesterday.

Friday 28.—Pulse 85. Pain in the head still continues. Tongue slightly furred. The aperient medicine repeated.

Saturday 29.—The bowels open. Pulse 80 and full.

Wednesday June 2.—A slight degree of the pain in the head is even now felt. The patient looks heavy, his tongue is somewhat furred, and the pulse 80, strong and full. Bowels open.

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**ST. GEORGE'S HOSPITAL.**

May 28.—Mr. BRODIE performed the operation for an imperforate hymen, or, as we should

say, almost imperforate, as the catamenia had always found an exit. What makes the case extraordinary is, that although the patient had been married for two years, no operation had been thought of before.

Mr. BRODIE divided the hymen with a sharp pointed bistoury, introducing his finger into the vagina, as a director, and a catheter into the urethra; but as the operation was performed in private, this is all the detail we can give of the case.

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The following singular example of strength of resolution, and force of nerve, has been given by a young surgeon of Paris. Having for a long time suffered the most acute pains from stone in the bladder, he at length resolved to resort to the dangerous operation of cutting for it, and at the same time took the extraordinary resolution of being the operator himself upon himself. This difficult, perilous, and painful operation, he accomplished without any assistance. It is now three or four days since the operation, and the patient is so well, that he hopes in eight or ten days to resume his usual avocations.—*Paris paper.*

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#### MARRIAGES.

On the 1st instant, at St. Luke's, Chelsea, Doctor Veitch, to Mary, widow of the late Captain Jermy, R.N. and only daughter of John Kirk, Esq. Ash-over, Derbyshire.

On Wednesday, at Gosport, John Kay, Esq., Surgeon, H. M. S. Starling, to Miss Woolgar, daughter of the late Mr. W. of Gosport.

On the 20th December, at Madras, Henry Cowes, Esq., Surgeon, 41st Foot, to Sarah, second daughter of Lieutenant Lambert, Madras Artillery.

#### DEATHS.

On the 4th December, at Aurungabad, John Ruxton Alexander, Esq. Surgeon Horse Brigade of Artillery.

With much regret we have to state the premature death of Mr. Sheekleton, Demonstrator of Anatomy to the Royal College of Surgeons. On Monday last, whilst engaged in delivering a lecture, raising a knife at the same time, he slightly cut his finger, which was thus inoculated with virulent matter from a specimen which he lectured. Inflammation set in, and after every remedy was tried in vain, he expired yesterday (Friday) morning. This is, we believe, the fourth fatal case which has occurred in Dublin within a few years, all of the same kind, by which eminent Professional men have lost their lives.

#### PROMOTION.

Assistant-Surgeon Finnerly is appointed to do duty under the Garrison Surgeon at Bangalore.

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# THE LANCET.

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## SURGICAL LECTURES.

*Théâtre, St. Thomas's Hospital.*  
*MONDAY EVENING,*  
*May 3, 1824.*

### LECTURE 61.

We shall speak in this evening's lecture of chancre.

There are two poisons, as I mentioned to you before, communicated by venereal intercourse; one the poison of gonorrhœa, which falling on a mucous surface, produces from that surface a discharge of matter which is infectious; the other, the poison of syphilis, which applied to the skin, or as far as is known at present, to any surface, produces inflammation and ulceration, forming a sore called chancre; which being received into the glands of the groin occasions bubo; and being conveyed into the system circulates with the blood, produces ulceration on different parts of the body, on the mucous membrane of the throat, the skin, the periosteum and bones.

### *Chancre.*

The time at which the effect of the poison that produces chancre, makes its appearance, is uncertain; the chancre, however, generally appears three or four days after connexion, and from four to seven days is the average time. The poison first produces inflammation, then ulceration; the inflammation is attended by a pimple arising from the surface affected, which is like a common pimple, excepting that it is of a deeper colour; instead of being quite florid, it is of a darker hue. The pimple is surrounded by a kind of erysipelatous inflammation; an ulcer forms in the centre, and then a pit forms in the body of the sore, which is often of considerable magnitude and extends beneath the skin. The surrounding edges of the sore are hard and ragged, its surface is yellow, and the margin red; and if you were asked if a sore was a chancre or not, you would answer, I must feel it first, and not decide merely by looking at it. You



would then lift up the part between your fingers, and if you found a hardness beneath, this would be a very good criterion of its being a syphilitic sore: for it is neither in the ulceration, nor in the yellowness of the surface, nor the raggedness of the edges, but in the colour and hardness of the sore that the characteristic marks of the chancre manifest themselves: from the presence of these you form an opinion, and are enabled to say positively if the sore be a chancre. But, gentlemen, if you ask me whether it is possible to determine, that a sore on the penis is not chancre, I should tell you, that I believe it impossible for any man positively to say that it is not; chancre varies exceedingly in its appearance in different persons; also in the same person under different degrees of irritation, and as it is accompanied by more or less of inflammation; and every one who has seen anything of practice in his profession must know that secondary symptoms occasionally appear after sores, which at the time he was led to suppose were not syphilitic.—I could say in an instant when a sore had a syphilitic action, but still a sore may not have

the character of syphilis, and yet be so.

We shall now trace the varieties of chancre, and the causes which more frequently produce them. The first circumstance which gives rise to variety in the appearance of chancre is,—1st, When the chancre is produced by the application of the venereal virus to a surface that is broken.—Now if the poison be applied to a sore or an excoriation, it produces ultimately a syphilitic action, as is witnessed afterwards in bubo and secondary symptoms; but it is a long time before the venereal action is excited, and in these cases you will find that the sore has neither a surrounding hardness, nor a livid colour. When chancre is produced by the application of the virus to an excoriation or tear, you must be contented by judging of its character from other circumstances; it may have the appearance of being syphilitic, but you must hesitate before you give a positive opinion, it requires time to decide it, and you may say to the patient that there is considerable doubt as to the nature of the sore; it may be simply an excoriation, or, on the other

hand it may be a syphilitic sore ; your best plan is, merely to apply simple applications to the part and wait, if it be syphilis 'till secondary symptoms appear, when you must have recourse to mercury for the treatment of the complaint. This is one of the varieties caused by the application of the venereal poison to an excoriation or tear, preventing you from forming an accurate judgment on the first appearance of the sore. I tell you what I generally inquire of patients under these circumstances, viz. whether they observed the sore on the following day after connexion. If they say " yes," the probability is, that it is not syphilitic, but it is no infallible criterion ; therefore treat the sore as you would any other, by common means at first, and wait the issue to see whether it is venereal or not. Another circumstance, producing a variety in the appearance, is its seat. Chancre situated on the frænum is different to what has been described attacking the other parts ; it generally happens that a chancre in this situation rapidly destroys the part, unless mercury be given early ; it is more irregular in its appearance than chancres in other

parts, and does not assume a character similar to those seated on the glans. If it happens to be on the edge of the prepuce, a good deal of effusion into the cellular membrane takes place, and phymosis is produced ; when the sore is situated just where the skin doubles over the penis, it is exceedingly troublesome, there is considerable swelling, also a difficulty in drawing back the skin : in this situation it seldom fails to produce phymosis, from what cause it is scarcely necessary to explain to you,—the inflammation leads to an effusion into the cellular tissue, and the result is phymosis. If the chancre be on the corona glandis or between it and the frænum, you often find it extending deep, and producing sloughing of the part, and even of the glans itself, which is not at all an uncommon result of deep seated chancre at the corona glandis.

The next circumstance which gives rise to a variety in the appearance, is when it ulcerates deeply into the cellular tissue ; a chancre on the surface of the skin, is very slightly irritable but if it passes the skin, and extends into the cellular tissue, it assumes a disposition to ulcerate and slough. A chancre on

the skin heals under the use of medicines and external applications, but if once it enters beneath the skin and inflames the cellular tissue, it becomes irritable, sloughs, and is attended with danger, the danger arising when the chancre extends beneath the part on which it began.—When the chancre is on the surface of the skin, and does not ulcerate deep, it is a disease slow in its progress, and easy of cure, but if on the other hand it extends deep into the part, it proceeds with rapidity, and those acquainted with the disease, dread it, as they knowing the extent of sloughing which will be produced. But, gentleman, of all the causes of varieties of chancre, one of the most common, is the habit and constitution of the patient. If each of you, (which God forbid,) had a chancre this evening, and you all used the same applications, in four or five days scarcely two of you, would have the chancre of the same appearance. Go into the admission rooms of these hospitals on taking-in days, and you will not see two men with chancres alike. The variety is not only produced by the previous mode of living and the constitutions of the patient, but any

act of intemperance, excess of any kind, or anything that hurries the circulation, will alter the action of the part. So if two patients be attacked with chancre, the one not of an irritable habit, and the other being very irritable, you will find in the first that there would be scarcely any inflammation, whilst in the second it would be violent, and of an erysipelatous character; indeed, under these circumstances, if the part be not very carefully managed, it will be in considerable danger. So a man with chancre to-day which has a healthy appearance shall to night indulge in some act of debauchery, to-morrow he will have a bloody discharge from the sore, inflammation round the edges, and an irritable state of the parts, which you will soon find assuming a sloughing disposition. Thus, then, if the constitution be irritable naturally, from intemperate habits, or inattention to rest, the most serious state of chancre may arise. People pursuing a particular business, such as journeymen bakers, whose habits are of the most irregular kind, are frequently affected with chancres going into the sloughing process. See for instance how these people

pass their lives, kneading dough during the greater part of the night, lying down only during short intervals to rest, frequently staying up all the night without any repose, and if they rest at all only for a few hours towards morning, and thus rendering their constitutions excessively irritable. When the chancre proceeds to a sloughing state, from any of the causes I have mentioned, the pulse will be generally from 120 to 130; you will also find a considerable erysipelatous inflammation extending round the chancre, and in a short time the sloughing process commences, by which the penis is lost. These varieties of chancre you have an opportunity every week of seeing for yourselves and if you have not observed them, it shews a shameful neglect of your duty. The time at which chancre appears after connexion is from four to seven days; but if there is a gonorrhoea also, it prevents the appearance of the chancre so early,—thus if a person be affected with the two poisons, the one delays the appearance of the other. If the matter of a chancre be applied to the urethra, it will not produce a gonorrhoeal discharge, but a sore, and that

sore will pour out a serous fluid, mixed with the red particles of blood,—not at all purulent, but a bloody serum—which is the matter from the chancre, and not in any respect gonorrhoeal. The matter of gonorrhoea does not produce chancre,—for if leeches be applied to the prepuce, and the gonorrhoeal matter afterwards comes in contact with the leech bites, a sore is produced, not of a chancreous character, and it heals by common means. The poison of chancre will not produce a gonorrhoea, nor the poison of gonorrhoea induce a chancre.

Having thus endeavoured to explain the character of chancre, I shall now speak of the treatment it requires; and here let me remind you that I shall deliver no speculative opinions, nothing but what you may see every day exemplified in practice. The first point to be considered respecting the cure of chancre is, shall caustic be applied to it or not? He who uses caustic to chancres pursues a line of practice liable to be productive of much mischief. 1st. because the application irritates the part, and may in consequence produce bubo. 2d. If the action of the sore be ab-

tered by it, it will not prevent the constitution from being affected, because if there be any ulceration the process of absorption must have commenced, and the poison applied to the part will be taken into the constitution. I would ask the person who uses caustic for the cure of chancres, how is chancre produced? We know that there can be no sore without the ulcerative or absorbent process, and the chancrous matter applied to a part causing a sore in that part must be absorbed and taken into the system. Caustic to chancres is a very objectionable application; but it is the acme of folly to endeavour to cure a patient by means of it, without adopting a proper mercurial treatment to counteract the constitutional effects that will otherwise be produced by the absorption of the venereal virus. A young person with whom I was intimate whilst I lived with my old master, got a chancre which, to use his expression, he burned out by the application of caustic; I laughed at him for being so foolish, the caustic produced a slough and cured the chancre, and I thought nothing more of the circumstance. Sometime afterwards I visited

him in the country, and I asked him how he was? "Very well now," he replied, "but I have been in a fine scrape; I was engaged, when I left town, to a young lady, the nuptials were to have been soon celebrated, and the business of life commenced." I involuntarily smiled, but he said, not quite so merry, when I got into the country I had what I conceived at the time was only a huskiness of the throat, which I had caught from a cold. My throat becoming more painful, I looked into the glass, and perceived that I had a large sore on the tonsils decidedly syphilitic. You may conceive how I felt, I wrote to the lady that I was unwell, who exceedingly hurt at such news, came and nursed me whilst I underwent a course of mercurial treatment, (she being perfectly unconscious of the cause of my complaint,) by which means I was quite restored, when the marriage ceremony was celebrated. It was just a proper punishment for his folly. The application of caustic to a chancre does not render a person safe from its effects, for if the sore be a chancre the syphilitic virus must have been admitted into the constitution. I was

tell you what treatment you should pursue: as soon as a patient applies to you for this complaint, you should ask him if he wishes to be properly cured at once by a simple mercurial treatment, or have the chancre cured without it, and run the risk of having secondary symptoms occurring at a future period. His answer will be for God's sake, give me what is proper now for my cure without submitting me to the chance of being laid up a second time with this complaint: and you then order him to take five grains of blue pill and a quarter of a grain of opium night and morning; if you exceed this quantity, let him take an additional pill at bed time. Now, gentlemen, this medicine continued for three weeks will be quite sufficient for the cure of the disease. It may be asked why do you combine opium with the mercury? If you were not to do it, the result would be that the mercury by itself would irritate the chancre, but if the mercury be combined with opium, it rarely produces this effect; the way therefore to prevent irritation and a sloughing state of the chancre, is to give the mercury in conjunction with opium. The patient will ask you how he should live whilst he is undergoing this treatment; you may tell him that he may follow his business or occupation just the same as before, that he should not take any species of food which is likely to disorder his bowels, as it is desirable to prevent the mercury acting on the intestinal canal; but his mode of living should be as usual, he should avoid acids, because they would purge him, and for this reason he should not take vegetables which contain much acetous matter, there is no necessity for him to change his food. Two or three glasses of wine a day would not prevent the action of the mercury, taken so as to hurry the circulation will oppose it; but if taken moderately it will do no harm. With respect to the quantity of mercury given, the treatment of the syphilitic disease is greatly improved, for all that you want is just to keep up the mercurial action on the constitution for a short time, instead of making the patient spit at the mouth for weeks and months as used to be done. One point has also been ascertained, that chancres for which no mercury has been taken, are not

always followed by secondary symptoms. With the exception that less quantities of mercury are given, I should say that within the last twenty-five years the treatment of the venereal disease has gone back rather than improved, secondary symptoms now are more frequently met with than formerly, owing to the neglect of a mercurial treatment on the first appearance of the complaint. A person hardly knows now when he is cured, a half practice has been substituted for one that was perfectly efficient, and the result is that at present a person is scarcely ever cured. Day after day we see persons with pains in their limbs, sores on their body, and affections of the throat, and do not know whether they are syphilitic or not. You ask the patient if he has had chancres, says he no; have you had no sore nor excoriation, you then inquire; when he will often tell you, yes I had several excoriations; and thus you do not know whether the eruption is syphilitic or not; but more of this when speaking of the use and abuse of mercury. The local application I make use of is the liquor caldis with camell, and I will tell you why I always make use of local means.

The local application lessens the irritation of the sore, and prevents its attacking the neighbouring parts. If any of you had chancre, in addition to the local means you would if the sore healed continue taking medicine; do not think because the sore is healed that you must stop the mercury, no, it must be continued during the time I have mentioned before, to prevent the recurrence of secondary symptoms, it will be proper to heal the sore as quickly as you can but you must protect the constitution against the effects of the venereal virus by mercurial treatment; this is the best possible treatment, and which you will pursue if you deal honestly with your patient. If you wish to see the effect of any new project or try any experiment, this is all well, but you should try them on yourselves. If patients, however, come to you for advice, they place themselves under your care and confide in your skill, therefore it is the duty of every surgeon to adopt the most certain and effectual means for their relief. With respect to local applications, I think the sulphate of copper too irritating, submuriate of mercury sprinkled on the sore is sometimes beneficial, but it is generally too irritating also. The magistery.

hydrargyri nitrici oxydi, I have seen of considerable use after a time, but it should not be applied at the beginning of the complaint. The unguentum hydrargyri is a bad application, it is too irritating.— Sometimes it appears that the chancre goes into an indolent state, then it will be advisable to use the nitrate of silver, not with a view to destroy the part, but for the purpose of cleaning the surface, and thickening the edges of the wound; the skin surrounding the part is thin, and by the application of the nitrate of silver you thicken it, and thus enable it to carry a greater number of vessels to produce cicatrization.

#### *Phymosis.*

It not unfrequently happens that phymosis is the result of chancre. It is hardly necessary for me to say what phymosis is; it sometimes arises from slight inflammation of the cellular tissue, and effusion of serous matter into it. Here I will observe that, should you find during a mercurial treatment considerable inflammation produced round the chancre, lay aside the use of mercury. The great secret, in the treatment of this disease, is knowing when to discontinue the use of mer-

cury; you should always suspend it when the inflammation is increased during its employment, for if you persevere in the use of mercury, you will only add to the irritation, which will end in a sloughing process and destruction of the part. If I were to give to a patient mercury for chancre on the Saturday, and on the Monday following I perceived swelling and inflammation round the sore, I should immediately lay aside the mercury, give active purges, order poppy fomentations, and the part to be suspended. The black wash should be applied to the sore, injecting it under the skin, unless it should increase the irritability of the part. After the purges, administer opium in considerable quantities, and when you have reduced the inflammation, have recourse to the mercury again but if you had gone on with this medicine in the irritable state of the part, the result would be sloughing of the penis. When there is phymosis together with sloughing, of the penis, stop the mercury, order the patient the recumbent posture, and the part to be well supported, use fomentations and poultices of a slightly stimulat-



ing kind; you support a gently stimulating action in the part, in order to produce a secretion sufficient to support the powers of the part; if you stimulate it too much, the part will be destroyed, and if you omit to do it in a slight degree, there will be no separation of the slough. The poultices we generally employ are made with stale beer grounds; carrot poultice is stimulating to the part: this poultice stimulates rather too much, unless the carrots have been boiled for a long time. The medicines we give are musk and ammonia, five grains of the ammonia with ten of musk two or three times a day. The nitric acid lotion is a common application used in these hospitals, and we find none produce so much good: the proportions are about forty drops of undiluted acid to a quart of water. When phymosis remains after the inflammatory state has passed away, it will be necessary to perform an operation for its cure. The operation is exceedingly simple, it consists in introducing a director beneath the skin along the glans till it reaches the corona glandis; this is the extent to which it should be introduced,

so that the point should rest against the inside of the prepuce; this being done, a sharp-pointed bistoury is to be passed along the director to its extremity, then pushed through the skin opposite to the corona glandis, and drawn out. But when you have done this, you will find that the internal part of the prepuce is not divided as much as the external, which you are obliged to divide a second time. The next thing you do is to apply a piece of lint round the prepuce, which is to be supported on the penis by tape; a roller should be applied so as to make gentle pressure for the purpose of preventing a secretion from the blood-vessels. You let the patient remain as long as he can without making water in order not to disturb the dressings. When you see him on the following day, you soak the penis in warm water, remove the lint, and draw the prepuce gently over the glans. This you should do daily, taking care that the edges of the divided surfaces do not unite. When the part is quite healed, a small aperture only is left in the upper part of the prepuce which is of very trifling importance.

## LECTURE 62.

May 6.

We spoke, Gentlemen, at the conclusion of the last lecture, of phymosis, we shall now proceed to paraphymosis.

*Paraphymosis*

Is not an uncommon consequence of chancre. When there is tightness of the prepuce from inflammation, it frequently happens that after the skin has been pulled back, it cannot again be drawn over the penis, on account of the skin of the prepuce forming a tight ligature round the penis, just beyond the corona glandis, strangulating it in the same way as the intestine is in hernia. The object in your treatment should be to reduce the strangulated part as quickly as possible, all other means are improper; the application of cold is absurd, you merely lose time by employing it—it is a vain and useless mode of procedure. The proper plan for you to pursue is this: you see the penis greatly distended with blood; therefore take hold of the glans between your fingers, and endeavour to empty the vessels by means of gentle pressure. When

you have done this for a few minutes, you endeavour to reduce it by pushing the glans back, and at the same time taking hold of the skin of the penis and drawing it forwards. By this plan will you generally succeed, if you see the case a short time after it has happened; but if the paraphymosis has existed for some days, it will be wrong to attempt reduction by pressure on the glans. You should then divide the strictured part with a bistoury. This you do by separating the skin on each side as much as you can from the stricture; you then insert a director under it, and with a sharp-pointed bistoury divide the stricture, which will allow the skin readily to be drawn over the penis. After the paraphymosis, has been reduced, poultices must be applied to the part. It is sometimes necessary to remove a portion of the prepuce by circumcision: in cases of phymosis, where the prepuce is naturally long, and only a small division of the skin is required to allow it being drawn back; this operation is preferable to the one which I before described.

Having spoken of the common consequences of chancre,

I shall now treat of the irritable and sloughing chancre.

*Irritable and sloughing chancre.*

Every now and then a chancre becomes irritable from causes already pointed out. Directly you see a chancre assume an irritable character, desist from the use of mercury. To know when to stop the mercury, is the great secret in the treatment of the venereal disease. It is in consequence of mercury being given in this state to the patient that it does so much harm, producing those sloughing chancres that not unfrequently destroy life. Thus, when a sore becomes irritable under the use of mercury, and the inflammation extends, lay it aside and have recourse to simple applications, such as poppy fomentations and poultices, to lessen the irritation. After you have purged the patient, give opium combined with saline mixture; as good a medicine as you can employ under these circumstances is the liquor ammonia acetatis. In this way you will diminish the irritation; and when the surrounding inflammation is got rid of, return to the mercury, taking care to discontinue it if the

irritability should return.—Some advise the compound decoction of sarsaparilla, and I believe that it has the power of diminishing to a considerable degree the irritability of constitution from which many persons suffer during an attack of syphilis; with this view give it by all means; but as to its curing syphilis, I do not believe a word of it. You may suspend the syphilitic symptoms for a time, but they will soon re-appear, and a person who trusts to this alone will be a martyr to a disease, which might have been easily cured. But more of this when making some general remarks on syphilis. If a person with irritable chancre, is guilty of intemperance, addicts himself to any excess, or is careless of his health, the sore will slough, and often end in the destruction of the penis. Do not think that it is a rare occurrence for the penis to be destroyed by syphilis; no, a chancre that has remained weeks in a healthy state shall become irritable, and by maltreatment, by the injudicious and improper use of mercury shall slough, and end in the destruction of the penis; this is not a rare case, and then that is attributed to the venereal di-

sore, which is an effect of the injudicious use of mercury. This is a true history of the case. When you see a sore take on the sloughing appearance, the treatment must be changed, the employment of mercury suspended, what you do is gently to stimulate the part by the nitric acid lotion, there is no better application in this stage of the disease than this, and those who have attended to the practice of the hospital need not be told of this by me. From 30 to 50 drops of acid to a quart of water is the proportion in which you should use the acid; fomentations and poultices must sometimes be employed, but in general they are not good, as they soften and weaken the parts rather too much; heat and moisture do not agree in these cases. Warm spirits of turpentine may sometimes be employed with benefit. You will be obliged to have recourse to a great number of applications, and frequently to change them before any relief can be obtained. Most of you recollect a girl, over in the other hospital, in Lydia's ward, who had sloughing of the pudendum, seventeen or eighteen different applications were employed, but the same application seldom

agreed with the sore for five days in succession, it was obliged to be changed, and some other used—the girl however ultimately recovered. When the patient is very irritable, opium and the compound decoction of sarsaparilla should be exhibited, in this way you diminish the irritability of the part. When the sloughing extends, the ammonia combined with opium will be found of considerable benefit, five grains of ammonia and one grain of opium three times a day. We are in the habit of giving in these hospitals ammonia and musk, ten grains of musk and five grains of ammonia three times a day in the form of a bolus, and on the whole we find that they exercise a considerable influence in sloughing chancere. At the same time, you must support the patient's strength by a nutritious diet and give stimulants to assist the digestive powers, and the power of the circulation; wine and porter must be allowed, porter if the patient is of an irritable constitution, and wine if he is not; they must be given so as to keep up a vigorous action, but not to excite a feverish heat. By these means you will generally put a stop to the sloughing, and establish the patient's health. If the chancre slough early, you should not make

use of mercury immediately after the healing process has taken place, but wait for the secondary symptoms. If the sloughing comes on early, the patient is often safe from future attacks, and I therefore generally wait to see the result. It occasionally happens that an opening in the urethra is formed to a considerable extent:—when there is an opening, there are three plans of treatment to be adopted;—1st. If the opening is small a bougie should be passed till there is established a considerable diameter of the urethra, just anterior to the opening, to allow the water to pass freely, when the aperture will soon close. 2dly. If the opening is large, caustic should be applied round the edges of the aperture, a little nitric acid will do, which produces a slough of the cuticle and cutis; when the healing process commences, it should be continued once a week till a cicatrix forms and draws the parts together, and entirely cures the patient. 3dly. The next mode adopted, is the Talia cotian operation, it consists in bringing a piece of the living skin over the aperture. Some pare the edges of the opening and apply the twisted ligature, but it never

succeeds, as the urine soon bursts it open; but the other operation has been performed with success. I had a patient once with this complaint, in whom I separated a small piece of skin from the scrotum, and applied its raw surface to the edges of the wound; this I kept in its situation by three sutures. Adhesive plaster was put over the whole, and a gum elastic catheter kept in the urethra.—This case completely succeeded. Mr. EARLE has since performed an operation on a similar principle and with perfect success. I think it an operation which you ought to perform, it may be done in any part of the urethra.—These are the modes of treatment in the sloughing urethra. If there is at the mouth of the urethra a cicatrix at all, or the orifice is small, you cannot cure such a stricture in the usual mode. You must cut off a piece of bougie, and regularly wear it in the urethra, withdrawing it twice or three times in the course of the day to allow the urine to pass off. The object is to excite a suppurative inflammation, and thus remove the stricture. For when the suppurative inflammation has been excited, the urethra has not the

same disposition to contract as before. Sometimes the extremity of the urethra is closed; after making water in a stream about the size of a bristle, the opening suddenly closes, and the patient cannot make a drop. If called to such a case, what you do is not to open the bladder, but you put the point of a lancet into the glans, just at the commencement of the urethra. The urine gushes out by the side of the lancet, and then a bougie requires to be worn to keep the orifice open. Such is the treatment of obstruction of the urethra at its end.

#### *Chancres in Women.*

Chancres in women are often worse than in men. They attack the external labia, not unfrequently the inside of the nymphæ and the os externum vaginæ. Sometimes a great number of these exist at the same time in one female, and are accompanied with but little irritation; she scarcely knows that she has them, till she feels the urine smart as it touches the skin; this engages her attention, when she perceives that she has several pimples, which soon ulcerate. If this occur in a bad constitution, and extend into the

cellular tissue, inflammation and sloughing of the part take place. Sometimes the labia and nymphæ slough away, and in this way it is so many loose their lives, I visited one day the St. Giles's workhouse, and in a small ward belonging to the medical establishment, I saw seven cases of sloughing chancre, and of these seven, five died. It is almost impossible for them to recover when there is such a destruction of parts. If you inquire into the history of the case, you find that it first began by a few pimples; the unfortunate female will also tell you that she continued to walk the streets, night after night, exposed to the vicissitudes of temperature,—that she indulged in the use of spirituous liquors, in order to support her declining strength; the disease thus occurring in a constitution destroyed by irregularity of habits, the patient often has but a slight chance of recovery. If one of these miserable cases could be but depicted from the pulpit as an illustration of the evil effects of a vicious and intemperate course of life, it would I think strike the mind with more terror than all the preaching in the world. The irritable state of

the patient in which the disease occurs, leads to the destruction of life, and thus it is that such a great number perish. If I said that I saw twenty of these cases in a year I should not exaggerate. Neglected chancres, and injured constitutions, lead to this most frightful disease. The treatment is the same as for males.

#### *Warts.*

Warts were formerly considered as syphilitic, but you are to learn that they are nothing but a local disease, requiring nothing but local means for their cure. Yet, when I say local, I must observe, that they frequently secrete a matter, which is able to produce a similar disease in others, I have known two instances of this. The one occurred in a Mr. GULLER, dresser to Mr. Chandler. Mr. CHANDLER, removed some warts which were of a very large size, from a patient in this hospital, and as he was returning the knife, this gentleman put his hand forwards, and it entered just under the thumb nail. He left town for the south-western part of England; in a little time he had an irritation about the nail, and a wart grew out from the spot where the puncture had been made. Being in pre-

sence this was a very disagreeable circumstance; it was frequently destroyed, but at each time it grew again. Afterwards he came to town, when he called on me and told me the circumstances.—I advised him to put on a blister for the purpose of bringing away the nail, and then that the wart might be removed. He applied a blister, and readily removed the nail, but it also brought away the wart, and it never grew again. The other case of warts generating themselves was told me by a gentleman in Sussex. He was called to attend a lady in labour, he felt something in the vagina which appeared unintelligible, and on examination found it to be a crop of warts. He delivered her, but did not say any thing about the warts to the lady.—In conversation with the husband, he told him that his lady had a number of warts.—The gentleman then stated that at the time he was married, he had a wart on the penis, and he had no doubt but that he communicated them to his wife. It is a common opinion, that they are propagated by the blood; but do not entertain this idea, it is by the secretion of matter. Simple local irritation will pre-

duce warts. The secretion from the glandula odorifera, if not cleaned will give rise to them, or any dirt between the penis and glans. The treatment is different as the warts may be hard or soft. Soft warts readily bleed, and may be easily removed. The liquor plumbi sub acetatis dilutus, applied to the surface of them will remove the soft warts. The oxymuriate hydrargyri will soon destroy them. I have used the tinctura ferri muriatis, and the black wash and calomel with good effect. The unguentum hydrargyri fortius, destroys them, by producing irritation, inflammation, and a sloughing of the warts. The hard warts are more difficult to remove; they had better be poulticed first, and then touched with the unguentum arsenicale, which should contain a dram of the oxyde of arsenic to an ounce of lard. A few of the warts should be touched with this application in the beginning, and afterwards the whole. It produces inflammation and sloughing of the warts. I scarcely ever use any thing else myself. Warts sometimes occur in females on the face and nymphæ of a size that they would scarcely admit in

## LONDON PHRENOLOGICAL SOCIETY.

This society, although of very recent origin, has become one of the most respectable in this metropolis. In the catalogue of members, are the names of many gentlemen justly celebrated for their literary attainments, and whose exertions in promoting phrenological science, must prove highly advantageous.

Mr. GEORGE COOMBE the distinguished phrenologist of Edinburgh has lately visited London, and during his sojourn delivered two lectures before this society; we had the pleasure to be present on each occasion, and we do not hesitate to assert, that with the exception of the "discoverers," Mr. COOMBE is the only man we have ever met with, entitled to the flattering appellation of Phrenological Lecturer. With such a man in their ranks we are not at all surprized at the rapid progress which has lately marked the philosophical labours of the phrenologists of Edinburgh.

As it is probable that at no very distant period we shall be enabled to furnish our readers



with a complete course of Mr. COOMBE's lectures, we have thought it advisable not to publish a detached two—the more especially, as they did not follow in the regular order of Mr. COOMBE's series, as delivered in Scotland, and as neither of them was his introductory discourse. The lecturer illustrated his arguments by casts from the admirable collection of Mr. DEVILLE.

At the conclusion of the second lecture, Mr. COOMBE was unanimously elected an honorary member of the society, for which mark of approbation and distinction, he returned thanks in an elegant address.

#### MR. CHEVALIER.

"Hung be the Heavens with black."\*

Our readers will perceive by our obituary, that this gentleman has "shuffled off his mortal coil." It is neither our inclination nor our habit to war with the dead, we are content to let folly lie undisturbed, therefore we say "*peace to his mans.*" But when an indiscreet friend claims of posterity a greater degree of respect than any merit of the deceased (however friendship may distort it) deserves, it surely is not too much to inquire "wherein he was worthy."

That Mr. Chevalier was "a successful practitioner" we have no doubt, so is Dr. Eady; what then does this prove? It is rather too much, even for a posthumous eulogist to tell us, that "if great professional ability accompanied with most honourable deportment

during a lengthened period, entitle to distinguished eminence, then Mr. Chevalier will be allowed to claim an exalted station in the annals of surgery and medicine;" that he did not possess the first of these attributes, and that his "mind was cast in no ordinary mould" his late lectures at the College amply prove.—Of his social virtues we are disposed to allow him all the merit his elegiac commentator asks; and it is no ordinary consolation for us to reflect amidst the tears which must flow "as fast "as the Arabian tree, drops its medicinal gum" that "an only son survives who has recently entered on his professional life emulating the virtues of his tenderly revered but now deceased parent, and in whom it is hoped his services and excellencies will be very long perpetuated." We most sincerely congratulate society on there still being preserved a scion of so great and scientific a stock.

#### To the Editor of The Lancet.

MR. EDITOR.—I have attentively read your publication from its commencement, and although I have been occasionally displeased with you, yet I am free to confess that THE LANCET has afforded me much gratification, much instruction, and is a work, in my opinion, calculated to confer infinite benefit on the medical profession, and on mankind in general. With this impression, I beg your insertion of the inclosed letter to the

Treasurer of St. Thomas's Hospital.

I am, Mr. Editor,  
Your most obedient Servant,  
A GOVERNOR OF  
ST. THOMAS'S HOSPITAL.

No. 1.

To H. Chapman, Esq. Treasurer  
of St. Thomas's Hospital.

SIR,—Confided to your care is a most sacred trust; and you are heavily responsible to your God for the manner in which it is discharged. Every man who has the pleasure to be acquainted with you, must be fully assured of your integrity—of your moral worth; some circumstances, however, which have lately come to my knowledge, induce me to believe that you are deficient in either resolution or penetration. If you are acquainted with the transactions to which I allude, I should say that you are wanting in resolution, for having permitted them:—if the transactions are unknown to you, why then I must conclude, that your penetration is exceedingly limited. As, Sir, I shall have occasion frequently to address you on the abuses existing in your hospital, I will now merely observe, that many of the Governors would feel particularly gratified if the apothecary's accounts were to be laid open for public inspection. This measure would probably be the means of silencing many invidious rumours now in circulation. One word more and I have done: I understand, Sir, by this week, I am sure, that

the Surgeons have sent a notice to an individual forbidding his attendance at the hospital.—Now, I ask, from whom did the SERVANTS of the hospital derive the power to make laws for the establishment, and how long have they possessed it?

I am, Sir,

Your most obt. Servant,  
A GOVERNOR.

Portland Place, June 8.

## CHEMISTRY.

An enquiry into the sources from which heat is derived, and the methods of obtaining it, will throw more light on the nature of caloric than perhaps any of the laws we have hitherto examined; we shall therefore notice the theory and nature of combustion, before we proceed further in our subject.

The beautiful phenomenon of combustion is the visible effect of a play of certain affinities, which obtain between two elements, of different and opposite properties; and it may be stated that unless these two elements are present, at the moment which possess in themselves very powerful attractions for each other, that the process of combustion cannot go on. A certain class of elements, all of which have similar properties and enter into this action, are called "combustible bodies," or *fuels* to be burnt. These comprehend by far the largest proportion of the simple elements with which we are acquainted; for, with the exception of five others, every element is susceptible of entering into com-

bustion under some circumstance or other; and, therefore, in the true sense of the word, these elements may be termed "combustible bodies." Such, for instance, are the metals, carbon, sulphur, phosphorus, boron, and hydrogen. The other kind of elementary bodies necessary to combustion, and which possess opposite properties, from combustible bodies, are termed "supporters of combustion," because they support the action, between the combustible and themselves. These are only *four* in number; namely, oxygen, chlorine, iodine, and fluorine. Now we find that under the heads of combustible bodies, and supporters of combustion, all the elements of Chemistry may be arranged; and this is the arrangement we shall adopt in our future papers.

We stated, that there were *five* elementary bodies which could not be classed amongst the combustible bodies, four only of which we have stated to belong to the opposite class; one therefore is not arranged either as a combustible or a supporter, this body is nitrogen or azote, and is the only body in nature that cannot be so classed; it is the only substance that cannot be acted on by powerful electrical influence, and furnishes an exception to a common law existing amongst all kinds of material creation.

In the process of combustion, the supporter enters into chemical combination with the combustible body, and the result is a compound consisting of a portion of both elements, so disguised and altered by the union, that

neither the characteristic properties of one or the other, while in their simple states, can possibly be detected; and perhaps a compound of a more intimate and perfect nature is not formed then when bodies so unite, or that can be obtained by any other means. This may result from the nature of the peculiar affinity which exists between them; for as combustion is nothing more than the visible effects of the action of chemical affinity, the effect itself must convince us, that, an affinity which will produce such peculiar effects, must be in itself of a powerful and peculiar nature, and therefore accounts for the perfect state of the resulting compound. Heat is liberated in large quantities during the process of combustion, but whether heat be a resulting compound of material combination, whether it be separated from one body or from the other, or from both of the elements of combustion during their change of state, or whether it be something altogether unknown, is a question we shall enquire into hereafter.

Experiments to prove that a combustible body will not burn without the presence of a supporter, or that a supporter will not burn without the assistance of a combustible body, will be necessary in this place, before we proceed farther in our investigation, and as we wish to give them collectively and in such a manner that they may be performed by every reader of our journal, at the same time other matter pressing heavily on our hands we shall devote the chemical department of our next journal entirely to those experiments.

**Foreign Department.**

*Note on the comparative Number of Patients in the different Months of the Year, calculated from the Number admitted into the different civil Hospitals of Paris, and registered at the Bureau central, during ten Years, 1812, 13, 14, 15, 16, 17, 18, 19, 20, 21.—Communicated by M. Rayer.*

MONTHS.	MALES.	FEMALES.	TOTAL.
January . . . .	8168	6613	14781
February . . . .	6723	5082	12805
March . . . . .	7870	6216	14086
April . . . . .	8176	6390	14566
May . . . . .	8212	6747	14959
June . . . . .	7477	6028	13505
July . . . . .	7368	6273	13641
August . . . . .	7359	6315	13674
September . . . .	7630	6270	13900
October . . . . .	7643	6164	13807
November . . . .	7004	5778	12782
December . . . .	7321	5774	13095
Total . . . . .	91055	74200	165255

From this table it appears, that the month of May is that in which the greatest number of sick of both sexes was admitted; then come the months of January and April, 2° That during the months of February and April the smallest number of admissions took place. 3° That the month of June, July, and August together furnished a greater number of sick than any other three months. 4° That the months of December, January and February afforded fewer sick than any other three months. 5° That during the half year, composed of April, May, June, July, August, and September, there were more sick than during the other months of the autumn and winter. 6° That the admission of a greater number of male patients does not appear to be merely the

consequence of an unequal division of the sexes. Considering that the number of days in different months varies, these results ought to be modified in the following manner.

A The months of May and April give the greatest number of admissions a day. B. The smallest number of admissions a day corresponds on the contrary to the months of December and November. C. In fine, the average number of admissions, by day, is more considerable during the half year embracing the spring and summer, than during the autumn and winter, since there were forty-six patients 5c a day for the months of April, May, June, July, August and September, whilst there were only forty-four patients, 90 centimes a day for the months of October, November, December,

January, February and March. If these data prove (see 3d vol. of Archives) that the number of deaths in the different months is not always in proportion of patients, they assist in establishing, on the other hand, that during the month of April, at Paris there are, comparatively, a greater number of sick, and most deaths.—*Archives G n rales*.

*Lecture on the State of the Blood-Vessels in Fevers.—*  
*Read before the Philadelphia Medical Society, January 17th, 1824.—By C. D. MERRIS, M. D.*

(From the Philadelphia Medical Journal.)

Before we enter fully into the consideration of the subject to be examined, let us come to an uniform understanding and interpretation of one particular word, without a conventional acceptance of which I fear we may waste our time in idle quibbling, instead of drawing from our evening occupation some useful hints on some more available information.

The word to which I allude is action: what do we mean when we say action? Have any three gentlemen present the same ideas of its meaning? Doubtless those who have read the article in Parr's Medical Dictionary, a work of high rank and authority in our science, will have remarked that it means any thing; and that if the compiler of a dictionary, who is supposed to be more precisely correct, ex-professo, than another man, does not give to a word an exact valuation, it is time that we come to some agreement about it.

The word action, as occurring every where in the medical books, is as vague as it is in Parr's work.—e. g. in Cullen, McBride, Forster, and even in the writings of W. Philip—the last of whom ought to have been especially careful in the application of it, considering the peculiar views he entertained concerning the state of the vessels in inflammation.

The article action in the Dictionnaire

des Sciences M dicales is the best I am acquainted with. It defines action in general as mouvement, ou suite de mouvements, dirig s, vers un but d termin , and recognises four sorts of action—viz. 1. chemical action—2. physical action—3. physiological action—4. moral action. It is only with the third sort, or physiological action, that we have any concern here: of this the Dictionnaire des Sciences M dicales says, "enfin, l'action phisilogique est encore mouvement, mais mouvement, qui s'exerce dans un  tre vivant, et par l'effet des forces vitales; c'est ainsi qu'on dit, l'action d'un muscle, l'action de l'estomac; les actions de ce dernier genre qui sont un peu compliqu es prennent le nom de fonctions."

Even this account is not entirely satisfactory—for though it points out the distinction between action and function, it still recognises them as convertible terms.

I will paraphrase the French passage in the following manner:—Physiological action is vital motion—and by this word action we mean to express our idea of motion in any single part, as thus—a muscle moves, a muscle contracts, a muscle acts, the action of a muscle: an idea perfectly simple, being only the idea of approximation of, or the effort to approximate, two extremities of a given fibre or muscle.—Or if we mean by it (action) to express our ideas of a compound movement or series of movements, as when we say the stomach digests, or the stomach acts, the action of the stomach—and this latter use of the term comprises the ideas of contraction of the muscular fibres of the stomach, augmentation of its secretory phenomena, or its insensible organic contractility, chemical action in the solvent operation of the gastric juice, saliva &c. and some indefinite conjectures about the influence of the nervous power, in so modifying chemical action as to produce an animal result called chyle.—The latter mode of using the word action, is evidently therefore improper and vague—the proper term is function.

I will give one example of the proper application of our word. Action of the bladder. The action of the bladder is mere contraction, mere exercise of what Haller called irritability. The action of the bladder is to expel the urine—the function of the bladder is to contain the urine.

When therefore I use the term action,

in relating a supposed physiological or pathological condition of the heart, of an artery, or a vein, I do not use it to express the whole of that great vital function the circulation of the blood, but only as hypothetic of the state of a single fibre, or all the fibres of the heart, of an artery, or vein, or all the arteries or all the veins. If I say action I mean action—If I say function I mean the function. Now as it will not be easy to misapprehend my use of this vague term, I proceed to the business of my lecture.

The degree of vitality in a healthy robust man, is higher than one worn out with disease, and on the point of parting with all the properties which distinguish him as a living being.

The strength of a muscle is the exponent of its degree of vitality.

In proportion as any muscle is stronger in a physiological sense, so will its action be stronger—its contraction more easily and perfectly effected.

In the cold stage of fever the arteries contract with more force than in the hot stage—for force is only a relative term, as heat is only a relative term.

They contract with less force in the hot stage.

They are in a state intermediate of the two former in the sweating stage.

I believe the truth of a celebrated proposition of Vacca, defended by Dr. Lubbock and Mr. Allen, fully illustrated by Dr. W. Philip and admitted by Dr. Thompson—viz. that in inflammation the capillary vessels are dilated and debilitated.

I believe that fever is the archetype of inflammation—fever being in the whole system what inflammation is in the capillary vessels.

I think that a dilated and debilitated condition of capillaries being taken in evidence, and as explanation of the phenomena of inflammation, a similar dilated condition is to be taken as evidence of an analogous state of arteries in fever—for fever is the archetype of inflammation, and a certain pathology being admitted in one case, is established in the other.

I am so well satisfied with the truth and reasonableness of the doctrine of inflammation set forth by W. Philip, that I can hardly imagine any one here present so unaffected by his reasoning as not to be "almost persuaded," and as his writings are so much read and known in this country that his arguments

are become common and trite, I shall not go over them here.

The science of medicine is much indebted to the brilliant and analytical genius of Bichat, for the happy division, investigation and present arrangement of what he called the system of the body, by which we are enabled to appreciate the different degrees of vitality of the various constituent tissues of the body—and by which also we find, as for example in mucous tissue, a great uniformity both of structure, properties and application, from the knowledge of which we may now draw the most important practical lessons. So also in the muscular, serous, &c. &c. These are all governed by particular laws which pervade every part of them—the law of one part being the law of every part of the same kind.

Wherefore shall we not admit the same unity of properties in the circulating system? Have we not in our pathological reasonings lost sight of the advantages to be derived from Bichat's arrangements and separated too widely our ideas of the venous tissues from those which we have of the arterial and capillary, and all of them, to an infinite distance from our ordinary notions of the heart.

The heart and vessels constitute one single system. The heart is part of the circulating tissues, and are we to regard it as a mere engine, a forcing pump placed in our breasts to urge on the current of blood, possessing no sympathies with, having no feeling of relation to, the vessels of which it is a continuous and subservient portion.

On the contrary, it is an essential portion of that system of tissues to which it is attached and subservient—enjoying the same kind of vitality—dependent on the same sort of (ganglionic) nerves—therefore governed by the same laws, susceptible of the same exaltations and diminutions of action with them.—Whence I infer that increased action of the heart, (as a general proposition) argues the same condition of the vessels, and v. v. Thus, if my heart be so excitable and excited as to resist more than is natural a full dilatation of its ventricles, the vessels will partake of the same pathological condition (generally.)

I would not have you suppose me ignorant of any circumstances of difference in different portions of the vascular system. Bichat has pointed them out—but they cannot prevent me from considering the whole system as an unit of tissue.

I know that the veins and arteries are each isolated by the intervention of two capillary systems—that the veins are the receivers of every thing that enters into our intimate structure, that they constitute a great reservoir or cistern of all the fluids, holding all the products of both lacteal and lymphatic absorption, besides all the blood deprived of its arterial properties in the previous circulation. They contain more blood than the arteries.

"Lumen reliquarum venarum (he excepts the pulmonary) ubique lumine arteriarum majus est; contenta vero utilissima sunt, cum longitudines utrinque pares sint." Haller *Phy. tom. 1. p. 131.*

They circulate it more slowly, and depend in some measure on extrinsic causes for the exercise of their function.

They are much more distensible than arteries—"facilius enim cedunt et majus dilatantur arteriis, non solum certe ratione quadripis sed longe majori."—Haller: and hence they are not so strong—and when overburthened or distended get of the load slowly and difficultly.

The arteries on the contrary receive nothing except from the veins. They expend every thing to the amount of six or eight pounds per day—they have, besides the office of holding and circulating the blood, the much more difficult duty of fanning too, and probably of executing the multifarious operations of exhalation secretion and accretion—which evidently gives them scope for a wider and more extended relation with the actions of other parts both in health and disease.

The former is a careful usurer who hoards up,

"quicquid veritatis"—

the latter is a reckless prodigal, who squanders on the systems of tissues the profusion of abundance and plethorousness which the former had painfully gathered together. The veins have a slow, steady, sudden, impetuous and fickle character—they are steady, exact, uniform, and methodical of their own accord, but the arteries are liable to sudden derangements of action and temper from slight causes—they are eminently fickle and variable.—An emotion will cause them to blush, and the slightest surprise will make them pale.

The pathological state of the veins is I think almost always referrible to a condition primary in the arteries.

Both veins and arteries are constantly exercising in power antagonist to that of the heart.

In health they antagonize it perfectly—in disease imperfectly—either too much or too little.

They of course antagonize each other. Both possess the power of diminishing their diameters, the length of which depends on the degree of an antagonist force.

Therefore when they are small it is because they antagonize with more force, more action—when large, because they do so with less force, less action.

But they are small in a chill, and large in a fever.

What do we see then in the large, round, full pulse of fever, except the proofs of diminished resistance to antagonist power, and consequently the proofs of at least a relative debility.

The tendency of arterial and venous action (contraction) is to diminish the respective tubes—but if the arterial action, in consequence of a superior contractility, be greater in any given example than that of the veins, or if the resistance of the veins becomes less than that of the arteries from any cause, it follows that the arteries will become morbidly small and hold a smaller quantity of blood, and the surplus of that incompressible fluid which they exclude is accumulated, where? In the weaker, less resisting tubes, the veins.

Here you see plainly, that increased action of the arterial vessels have an uniform and unquestionable tendency to destroy the balance between the two systems, of red and black blood.

No physiological action of animal or organic life can be continued in a preternatural degree of force for any considerable duration, without inducing debility in the part thus acting. This is a prevalent law of the whole animal creation.

If I bear a great weight ten minutes, I shall be less able to sustain it otherwise.

If my heart and arteries are in a state of increased action this forenoon, they will generally be less in action this afternoon.

If by their inordinate force they have thrown a considerable surplus of blood into the veins this forenoon, then these same veins by exhaustion of power of their antagonists, or by other causes, will be placed in a condition of equivalent or superior action this afternoon, for exertion is followed by exhaustion. Hence, if my arteries have acted in vessels congested—or, in other words,

If I have a very small frequent pulse—or, in other words, if I have a chill this forenoon, I shall have a fever and sweat this afternoon—for the veins will be stronger and the arteries weaker: and from the foregoing alone, I can deduce very justly and legitimately, the doctrine which I am upholding.

I propose this doctrine, because any other is actually unintelligible, and inapplicable, and incongruous. Examine for example that of Dr. Cullen, who says, xlv. "our doctrine of fever is explicitly this: The remote causes are certain relative powers applied to the nervous system, which, by diminishing the energy of the brain thereby produce a debility in the whole of the functions—and particularly in the function (action?) of the extreme vessels—such, however, is at the same time the nature of the animal economy, that this debility proves an indirect stimulus to the sanguiferous system—whence, by the interrelation of the cold stage and spasm connected with it, the action of the heart and arteries is increased and continues so, till it has had the effect of restoring the energy of the brain, of extending this energy to the extreme vessels, of restoring therefore their action, and thereby especially overcoming the spasm affecting them, upon the removing of which the excretion of sweat and other marks of the relaxation of capillaries takes place."

This is the Cullenian theory summed up explicitly. It has ranked great names under its banner, and nevertheless it seems to be impossible, erroneous, unintelligible.

It assumes that marsh miasmata are sedatives—that they act on the nervous system to weaken it, and indirectly stimulate the vessels to overcome by strong action a strong contraction of capillaries caused by and called weakness, upon the removal of which strong action, the strength returns to them, as evinced by marks of their relaxation.

Can any one understand it? Certainly no one. Let us now get through the remainder of our subject, which at the risk of being misunderstood must be done briefly.

One part of a system of tissues may be weaker than another, but this is a simple condition not opposed to my former proposition.

One part of the venous portion of the system may be weaker than another, but this is a simple condition not opposed to my former proposition.

Probably the greater trunks whose power is said to diminish in proportion as the size increases, are the principal seats of this relative weakness, and that they therefore become the seats of venous congestions or engorgements.—This is the case in some of the cetaceous and web-footed animals. Blumenbach says that the common and sea otter and the dolphin, have a peculiar tortuous arrangement of their great venous trunk, for the very purpose of permitting a safe congestion on the right side of the heart while the animal is unable to breathe under water.

I could cite a thousand passages of respectable writers to prove the existence of venous congestions—but I shall not, for the observation is palpably and demonstrably true—but they wish to explain it by the incomprehensible argument of debility—diminished action of the heart and arteries. But if now without further illustrations, you are willing to admit, that increased action of the heart and arteries tends to diminish their contents and pile them up in the veins, you immediately perceive that when they act most powerfully, when they antagonise most powerfully, when their calibre is smallest ("off lumina ita contenta,") we shall have a shrinking of the surface of the body, with paleness, coldness, cutis aserina, a small frequent pulse at the wrist, and wherever we can come at an artery to feel it, we shall have those symptoms which denote fullness of the venous trunks or accumulation on the right side of the heart, as *epi cardiacæ anxietas*, *præcordialis pressura*, indications of a difficult pulmonary circulation and function, nausea, vomiting, horrors, cold extremities with a hot centre.

Is this delineation of the cold stage of a fever in keeping with the foregoing arguments and doctrine?

I said above, "frequent pulse," the pulse according to my observation, is almost uniformly frequent. I counted the pulse of a woman whose ague commenced ten minutes before, it was small and sixty-four—in five minutes one hundred and two—five minutes one hundred and twelve—five minutes one hundred and fourteen and the teeth chattering together—her pulse went on increasing in frequency in proportion as the ague was more intense.

In another case the pulse in a woman was very small and frequent, and the patient was very cold, and the ague was very intense.



Any man of observation will know, that in a tertian which shall attack his patient at ten A.M. the pulse at seven, eight or nine A.M. is already preternaturally frequent, and sometimes even of considerable volume and hardness—it is only as the action of the arteries increases predominantly over that of the veins, that the pulse of chill becomes smaller and the horrors and other phenomena of that stage take place. But to proceed—

If the arteries in consequence of their increased action should have their energy reduced by exhaustion to a level with that of the veins, or should the veins by the stimulus of distention recover their superiority, or in any other manner, we shall next perceive the evidences of their reaction, i. e. we shall have striction or contraction of the veins, with parallel diminution of their capacity and contents—for “*uti lumina ita contenta*.” The effect of this is seen in the other parts of the vascular system, by return of warmth and colour to the surface—the heart less irritated, less in action, allows its fibres to be completely distended and its cavities completely filled—it takes in its full two ounces and a half of blood, when it is thrown out into the vessels, produces a large rounded full pulse, a cessation of chills, a red, turgid, plump, smooth, hot skin, in place of the cold, shrunken, rough ascerous skin of the cold stage. The temperature is equable—we have no more gaping, sighing, &c.—we have acute pain of the head instead of the dull heavy one, intolerance of light, tinnitus aurium, throbbing temples, vigilance, delirium. Such is the hot stage. It is not easily comprehended, that it will advance *pari passu* with increased resistance of the veins and relaxation of the action, or relative debility of their antagonists?

But what is the third stage? I answer, that the natural termination of the foregoing condition, is to be looked for in some evacuation which, by diminishing the quantum of fluids and removing irritating recrementitious particles retained in the two former, may reduce the mass and momentum and stimulus. The momentum of the circulation is now very great, for the arterial, capillary and venous system, and the heart, are now equiposed—the whole system is pervious, being equally free for the passage of blood, with a heart beating oftener and throwing out more blood than in a stage of chill.

If this be true, the following passage from Boerhaave's Institutes, p. 352. is incorrect: “*a fibris irritatis and sanguine celerius per aperta acta quia vasis rebebitur sed arteriis in multis prohibetur acceleratur pulsus, fit febris, sitis, calor, vigilia, debilitas, molestia*.”

If the evacuation above spoken of, be happily effected by hemorrhage spontaneous or artificial, by sweat, urine or stool, we shall have what HIPPOCRATES called a *crisis*, a judgment, decision, termination of the morbid contest of action, all parts of the vascular system subsiding alike and justly to their balanced and natural proportion of action and function. But if the veins now sink by exhaustion of power below their comparative natural grade, and the arteries in this manner, or by the reapplication of the morbid cause, acquire the superiority of force, we must have a repetition of the paroxysm—remittent, quotidian, tertian, or in any other type, and this again and again, till some new and more perfect crisis restores the balances of the sanguiferous system, or till death is the consequence of these morbid derangements of our most important and indispensable vital function, the circulation of the blood.

Such as are not bound to consider every doctrine not laid down in the written code, as an idle and useless or pernicious innovation, are requested to examine this one carefully. I most earnestly recommend to them the writings of that eminent physiologist, W. Philip,\* who, by satisfactorily elucidating the state of the vessels in inflammation, has principally led me to the adoption of the foregoing theory of their state in fever—a doctrine which he has already published in his work on febrile diseases, and in a paper in the Edinburgh Medical and Surgical Journal, vol. ix. p. 435. Let such persons take with them this honest passage from that most profound, candid, and philosophical physician, Baron HALLER: “*Mone-mur ne quidquam ideo pro vero accipiamus quia recepta est, sed experimenta acquiramus, quæ, fidem nostris opinionibus faciant*”—a sentiment which, as it was eminently the rule of his conduct in philosophizing, will be of inestimable value if it causes one of us to resemble him even in a remote degree.

\* From the celebrity which Dr. Wilson Philip appears to have obtained in America, we think he cannot do better than to submit, occasionally to that country—Ed. L.

Do you ask me what advantage would result from a general reception of this doctrine. I answer that I believe it a true one; and that truth is valuable as mere truth; and also, that our reasonings are made up of our comparisons, our judgments of our reasonings and our practice should always be the result of our judgments.

What does this doctrine teach me?—It teaches me that I should commit a murder by bleeding a patient in a violent attack of chill or ague, because I should, knowingly or voluntarily, increase a disturbance in the circulation, of itself often sufficient to extinguish the powers of life.

It teaches me when and why I should bleed in fever.

It teaches me not to give brandy and red pepper in pleurisy, nor bark in acute rheumatism. It tends, I humbly hope, to make me a disciple of Hippocrates, that humble servant of nature, that eminent bed-side observer of diseases, that glory of our profession, that grand expositor, by his whole life and character, of the true nature, design, and business of a true physician.

It teaches me to take into the consideration of tissues affected by fever, the venous portion of our vascular system, left almost unnoticed by our writers, but which nevertheless plays the most important part in most of our acute and all our general chronic affections.

It teaches me to have a certain degree of reliance on the doctrine of crises, without which every physician is a rash man—and it teaches me to have respect for the experience of many clinical practitioners of great eminence and value, whose works are fallen into general neglect from the pride and self-sufficiency which distinguishes us, especially in this country, to the injury of a profession whose claims to respect depend on the labours of such men as those we despise.

It is essentially based on the law that no straight or circular fibre of the body can, physiologically, lengthen itself, but only shorten itself.

That if strong it will contract more forcibly—if weak, with less force.

That if the heart be more active it will contract; contract with a smaller quantity of blood its peculiar stimulus. (for I still believe HALLER's doctrine of the cause of the heart's motion the best) and will subsequently send a smaller column of blood into the artery, and give a smaller pulse or smaller artery.

Gentlemen, this doctrine is the waters of Jordan—will you wish seven times, and be cleansed from your leprosy of false doctrine in fever—or will you say with Naaman, "are not Abazar and Pharfar, rivers of Damascus, better than all the waters of Israel?"

## HOSPITAL REPORTS.

### ST. THOMAS'S HOSPITAL.

#### *Dissection of the Testicle which was removed from G. V.*

The operation together with the history of the case were repeated in our last.

Upon being cut open, in the centre of the testicle was found a small chronic abscess, surrounding which there was a layer of careous substance; at the lower part there was a hard mass of cartilaginous substance, resembling what is found in cancerous tumours, and in the epididymis there were several perfect hydatids. From these appearances it is evident that castration was absolutely necessary.

On Friday last, two operations (amputation of a leg and lithotomy) were performed at this hospital by Mr. Travers.

QUERY—Was the stone found by the night-nurse on the following morning?

### WESTMINSTER HOSPITAL.

Wednesday, June 2nd.—Edward Murray, a child of five years of age, was taken into the hospital with the phalanges of the four smaller toes crushed to bits.

by the wheel of a cart passing over them, that it was found necessary to amputate them.

The integuments were lacerated and separated by the accident, from the outer ankle to the sole of the foot; and Mr. Guthrie, first having made an incision through the integuments, over the metatarsal bones of the injured toes, those bones were sawn through, the toes taken from the foot and the integuments, which had been previously separated by the wheel, placed over the wounded parts, forming a sort of flap, and thus giving the patient a chance of their healing by the first intention.

Wednesday, June 9th.—A week has passed since the operation, and on the dressings being removed this morning, suppuration was found to have taken place, from the integuments, which formed the flap, having been so much bruised at the time of the accident; part of them were therefore removed, by cutting them off with a pair of scissors, and the wound was dressed with lint.

No other operation of importance has been performed here since our last report.

#### MIDDLESEX HOSPITAL.

*Continuation of the Case of Charles Osborn.—Page 318.*

June 2nd.—Pulse 76, weak and wiry; tongue furred; skin hot and dry; thirsty and restless. The powers of voluntary movement of the lower extremities are still entirely suspended, and there is also an evident diminution both

of sensation and of the powers of motion in the upper extremities. The abdominal muscles are still insensible to external impressions. Bowels opened copiously last night, by the pills, and enemata exhibited.

Colocynth pills omitted, and the saline draughts and calomel and antimony continued.

In the evening his pulse was 80, full and rebounding; tongue rather cleaner; skin still hot and dry; thirsty, and complains of heat in his hands; has some sensation on being touched on the left side over the articulation of the 6th or 7th dorsal vertebra with the spine; no alteration in other respects. The enema repeated—

R. extracti colocynthidis compositi grana quinque fiat pilula. quartis horis ad secundam vicem secunda.

Venesectio ad 5 vii. which produced a slight effect on the pulse.

June 3rd.—Had copious saline evacuations last night. To day he seems more composed and comfortable, but complains of occasional pains in the head, extending down the back of the neck; tongue a little furred; he takes but little nourishment and has very little enjoyment of rest; in other respects the same as yesterday. Pulse about 70 and weak; urine drawn by the catheter twice a day; no alteration has been made in his medicines.

June 4th.—Has passed a more comfortable night; Pulse 64, weak; tongue a little furred; skin more natural; bowels open during the night involuntarily.

June 5th.—Pulse 64, weak and fluttering; has passed a rather

night, in consequence of frightful dreams and head-ache; tongue furred; skin hot and dry; countenance unfavourable, pallid, with an appearance of great languor and anxiety; bowels open during the night copiously, and says he has at present some idea of an inward sensation in his intestines on their being moved, and feels more easy after the evacuation of his urine by the catheter, although he is quite insensible of the introduction of the latter instrument; and has no desire or power to make water. Towards evening there was a manifest change for the worse, and the terrific dreams already alluded to harrassed and depressed him on the least disposition to sleep or doze. His pulse became more weak and irregular and a cold moisture covered the whole body. The other symptoms did not appear to be much aggravated.

June 6th.—Died at 7 o'clock, A. M.

The spine was examined about twenty-four hours after death.—The spinal processes of the sixth and seventh cervical vertebrae were found to have been fractured on both sides; the former in three places which were also depressed. Over the spinal processes and the bodies of the cervical vertebra, there was extravasation of blood, and the theca vertebralis was also covered with a similar effusion.

#### ST. GEORGE'S HOSPITAL.

Monday, June 7th.—Mr. Brodie performed the operation for hydrocele upon a man, who stated that he had been afflicted with

the disease for some length of time, that the operation had been before done, and the scrotum injected, but, as it proved, without avail.

Mr. Brodie introduced the trocar an inch and half from the most depending part of the tumour, a little to the left side of the raphe the point of the instrument was then carried inwards and upwards, a canula left in the wound, and about twelve ounces of a clear serous fluid drawn off. An injection was then used, and suffered to remain about seven minutes before it was again evacuated.

Mr. Jeffries next operated upon a young woman for an exostosis situated upon the anterior and inner side of the tubercle of the tibia, two inches below the knee. The integuments were first divided, for about an inch in length, when the bony tumour was seen the size of a large pea, and removed by means of a chisel made for the purpose. The wound was closed by strips of plaster.

#### SMALL-POX HOSPITAL.

On Thursday the Governors held their Half-yearly General Court at this Hospital. At one o'clock F. G. HANROTT, Esq. was called to the chair; and after the confirmation of the minutes of the last meeting, Mr. HIGHMORE the Secretary read the Committee's report, in which some legacies were stated, and a handsome testimony expressed to the meritorious services of Dr. GEORGE GREGORY, their physician, and to the assiduity

of Mr. WM. WHEELER, their resident surgeon.

The officers and visitors were all re-elected; and Dr. G. GREGORY, the physician, presented a Medical Report, to which we are too conscious of not doing justice by the abbreviations which the pressure of our other numerous articles oblige.

It stated, among other things, that the arrangements made with the several parishes, particularly St. Clement-the-Fields, had caused an unusual number of infants and children to be admitted lately, with many of whom the disease had proved fatal; that of 151 patients in the last year 67 had been previously vaccinated; of these, in the ordinary course of the disease, and without the protecting influence of vaccination, 12 at the very lowest computation would have died. It must, then, be highly satisfactory to the Governors to know that the whole of these persons have been restored to society.—It is not indeed to be denied that seven of them suffered severely under the attack of the disorder, and that it required from four to six weeks for their perfect cure; but it is no light praise of vaccination to say, that even when imperfectly performed (and there was too much reason for presuming that such had been the case in most of these instances), it still had the power of mitigating the horrors of this dreadful disease, and of preserving life, even though it proved insufficient to resist the inroads of the contagion.—In one of the former cases it was ascertained by inquiries on the

spot, that vaccination had been performed unskillfully and imperfectly, and that no reasonable confidence could at any time have been placed in it. The melancholy result of the case, however, will not be without its use, if it impresses upon all those who are engaged in vaccinating the indispensable necessity of a close attention to every stage of that process, upon which the safety of the individual in after-life immediately depends. With most unfeigned satisfaction, he added, has the confidence of the lower orders of people in this town in the security which it is capable of affording, appeared to him greater than at present. Those whom a few unfavourable cases have impressed with an undue sense of the imperfections of the vaccine influence would receive an useful lesson by attending at this Hospital at the hours appropriated to vaccination: they would then learn to appreciate, in the grateful acknowledgments of thousands, the true value of that inestimable blessing which it was the glory of JENNER to have diffused; and though occasional failures will undoubtedly occur to warn us, like spots upon the sun, that nothing is perfect, yet to the eye that contemplates in a wide scale the results of vaccination, these are lost in the brilliancy of its general career, no where more conspicuous than in the annals of your useful and excellent Charity.

The meeting offered their united thanks to Dr. G. for this Report, and ordered it to be entered upon their minutes, &c., and after expressing thanks to

his Royal Highness the Duke of York, President, and to the Chairman, the Court separated.

It appears by the Bills of Mortality, that during the month of May, 32 died of small-pox, and six in this Hospital.

## LITERARY INTELLIGENCE.

In the Press, an account of *three patients* on whom the operation of Lithotomy was performed by B. TRAVERS Esq and in neither of whom could a stone be discovered in the bladder. With comments by G. R. G. Esq.,—Member of the Royal College of Surgeons in London.

Five thousand copies of this pamphlet will be distributed *gratis*; when the public will have an opportunity of knowing why the surgeons of St. Thomas's Hospital so zealously patronize "Hole and corner surgery."

## DEATHS.

Wednesday, at his house in South Audley-street, Thomas Chevalier, Esq. F. R. S., F. S. A., F. L. S. and F. H. S. surgeon extraordinary to the King, and professor of anatomy and surgery to the Royal College of Surgeons in London. If great professional ability, long and successful practice, accompanied with the most honourable deportment, during a lengthened period, entitle to distinguished eminence, then Mr. Chevalier will be allowed to claim an exalted station in the annals of surgery and medicine. To the exercise of the important branches of his profession he brought a mind cast in no ordinary mould, cultivated by unceasing application, and displaying the acutest discrimination, with which was united a heart exquisitely attuned to yield to suffering humanity

the promptest assistance; while his Christian principles threw a moral radiance around his entire character, equally imparting dignity and commanding esteem. Amidst the distressing sensations occasioned to his numerous friends, and especially to his sorrowing family, by his sudden removal, it must be no inconsiderable alleviation, that an only son survives, who has recently entered on his professional life, emulating the virtues of his tenderly revered but now deceased parent, and in whom it is hoped his services and excellencies will be very long perpetuated.—*Times Advertisements.*

On Thursday, at B' mile, Maria, wife of John Kay Bowe, Esq. M. D. of that town.

Lately at Litchfield, in his seventy-eighth year, Mr. Thos. Thornton, fifty years an eminent Veterinary Surgeon of that city.

Dr. Napier, medical practitioner at Bervie, deprived himself of life on Wednesday, the 19th ult., by opening veins in six places.

At his house at Margate, on Sunday last, Robert Edward Hunter, M. D. and F. L. S.

## MARRIAGES.

On Thursday, at St. Martin's in the Fields, A. P. Buchan, Esq. Surgeon of Belford, Northumberland, to Miss Johnson, of Bellingham.

On the 9th inst., at Bromley, in Kent, Mr. William Holt, Surgeon, of Bromley, to Mary, eldest surviving daughter of the late Rev. James John Talman, A. M., Chaplain of Bromley College, and Vicar of North Curry and of Stogumber, Somerset.

Wednesday, at Rogate, Sussex, Mr. Ingram, Surgeon, of Dorset-street, Portman-square, to Louisa Sarah, second daughter of the late F. Gardner, Esq., of the former place.

## BANKRUPTCY DIVIDEND.

Henry Frederick Holt, late of Cannon-row, Westminster, Surgeon, at the Commissioners Court, Basinghall-street, June twenty-six, at ten o'clock.

## DISSOLUTION OF PARTNERSHIP.

John Wharrie Morley, and Samuel Newman, of Horncastle, Lincolnshire, Surgeons and Apothecaries.

## THE WEST LONDON ANATOMICAL THEATRE.

MR. SLEIGHT Lectures at ten o'clock daily, during the Summer Course.—Orthoædical Recapitulation, three Evenings in the week. Perpetual Dissections. Physiology occupies a distinct portion of each Course, independent of the Lectures on Anatomy and Surgery, &c.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*  
MONDAY EVENING,  
May 10, 1824.

### LECTURE 63.

Gentlemen, we shall proceed to speak this evening of syphilitic bubo, and venereal sore throat.

#### *Syphilitic Bubo.*

The venereal poison is taken from the chancre on the penis, to the glands of the groin, and in its course, usually irritates one of them. Now and then, the matter proceeds through them without producing any irritation, but more frequently it excites inflammation, and the common effects of inflammation if it is not opposed; that is, if a proper treatment be not pursued, the gland inflames and suppurates. It commonly happens that only one gland is affected in either groin in syphilis; now and then the contrary takes place, and in general, when several

glands are enlarged, it is from irritation, and not the absorption of the venereal poison. When there is only one gland enlarged and it goes into a suppurating state, it is usually the consequence of the stimulus of the syphilitic virus. Therefore you may conclude, if several glands be enlarged, that it is not the effect of syphilis. The symptoms produced when a bubo goes into a state of suppuration, are the same as those which take place in common abscess, with this exception, that there are evening exacerbations; and in this respect, precisely the same effect is produced, as when syphilis attacks any other part of the body, the exacerbations coming on in the afternoon, and generally lasting till two or three in the morning. The symptoms then are the same as those of common abscess, with the exception of evening exacerbations. When you are consulted about a bubo, you are led to suspect that it is venereal by the fol-



lowing circumstances. You ask the patient if he has a sore on the penis; if there be none and he has never had one, your opinion ought to be that the bubo is not syphilitic. There is no example of venereal bubo ever having occurred without a sore. If there be no sore at the time you see the patient, you inquire how long it is since he has had one, if he answers a week, fortnight, or even three weeks ago, still the swelling may be syphilitic; it is not at all necessary for the sore to exist at the time the bubo appears, for the irritation of the gland may occur a fortnight or three weeks after the appearance of the sore. The swelling may be retarded from various circumstances, if the patient has a diarrhoea on him, or has taken opening medicine; these and many other causes may delay its appearance. The next circumstance to which you direct your attention is, whether the enlarged gland is situated at Poupart's ligament, or below it; you know that there are two orders or rows of absorbent glands in the groin. The first row is in the line of Poupart's ligament, extending nearly from the spinous process of the ilium to the pubis, but below this is an-

other tier situated at the distance of an inch and a half or two inches from the first. If the swelling be in a line with Poupart's ligament, you may decide that it is a syphilitic bubo, but you may determine that it is not syphilitic, if it be in the lower order. When you see a swelling in the groin, about an inch and a half below Poupart's ligament, you inquire if there be any sore on the foot or leg, or any irritation on the back or nates, for in such cases the glands are generally affected. The lower order of glands are more frequently affected from any irritation on the thigh and leg than on the back or nates, because the greater number of the absorbents from these last parts terminate in the upper row of absorbent glands. You determine that it is not syphilitic, if the swelling be in the lower row of the glands. When you are called on to treat a syphilitic bubo, you order the patient to take five grains of blue pill combined with a quarter of a grain of opium night and morning, with the same view as you give it in chancre, the opium subdues the disposition to an irritable action being set up in the constitution by the mercury, and when it is given in conjunction with

the blue pill, you seldom have those dire effects from the syphilitic disease as when the mercury is given alone. Therefore you will give the blue pill combined with opium. If you find the pain in the evening not subdued you may give ten grains of the blue pill at night and five in the morning. But at the same time that you employ constitutional remedies, local means should not be neglected, evaporating lotions should be applied to the part, a bandage should be put round the waist, and a linen wetted with a lotion composed of an ounce of spirits of wine, to five ounces of water, should be kept to the swelling, and fastened by tape to the bandage. But, gentlemen, it sometimes happens notwithstanding the means that you employ, the pain, swelling, and the disposition of the gland to suppurate increase; this will be known by sharp pains darting through the part, and a pulsating feel in it, for when these occur the suppurative process has generally commenced; you then apply evaporating lotion; and leeches, give active purges, and omit the blue pill, or else you will make the bubo suppurate. Mercury (as you know) has the effect of hasten-

ing common inflammation when it occurs in any part of the body to suppuration, therefore it is wrong when any inflammatory disposition exists in the bubo to continue the mercury, for you will most probably induce suppuration, when you might have prevented it. Under these circumstances it is right to employ lotions and leeches, and purge the patient. The best purges you can give are the mercurial, the submuriate of mercury combined with jalap, by this plan of treatment you get rid of the disposition to inflammation, whereas if you continue the mercury you will hurry the bubo into a suppurative process. When the pain in the part is subdued, you must return to the first treatment which will correct the venereal action. It may be said in opposition to this that you give mercury to prevent inflammation of the eye as in Iritis; this is true, but it is not desirable even in that complaint to affect the mouth to any degree, it is not that state of mercurial influence which will cure the eye, for the mercury should be suspended when the mouth becomes affected, it is by increasing the secretion that the benign influence of the mercury is exercised.

It sometimes happens that the bubo attains a considerable magnitude, when this is the case, you must give up the use of mercury, never continue it when the bubo is large, it will only hurry it into a suppurative process, therefore suspend the use of mercury, and endeavour to lessen the size of the swelling and the inflammation by lotions, leeches, and acting on the bowels, in order to promote the secretions, for this should be your grand object in all these cases: take care at the same time to give that kind of nourishment which will best support the system, without exciting any undue excitement. When a gland becomes of considerable size, it is usually the result of debility, and is very apt to become chronic, you should by all means discontinue the mercury, apply leeches, and you may gently stimulate the gland, so as to promote its absorption; for this purpose the application of muriate of ammonia will be of use, at the same time giving purgative medicines. But in this enlarged state of the gland, although it begins in syphilis, mercury greatly debilitates the constitution. When suppuration has commenced, and mat-

ter can be felt fluctuating, it is quite right to make an opening to let it out. The opening should be small, and ought to be made as soon as any pus can be felt, for absorption will begin, and the size of the gland will soon be diminished: therefore make an opening to evacuate the matter as early as you can detect fluctuation. My own opinion is, that when the suppurative process has commenced, the best plan is to open the swelling, which I always do by puncturing it with a lancet wherever the matter is formed; it is no use to let it accumulate, for absorption of the surrounding parts will take place, and a large sore be formed. If the gland be opened as early as you can detect fluctuation, the surrounding swelling will be lessened, the inflammation diminished, absorption rapidly produced, and then you can return to mercury for effecting the cure.

It sometimes happens that the bubo is exceedingly irritable, wherever you find it so under the use of mercury, immediately discontinue its use, for the more mercury you give, the worse the swelling becomes; abandon the mercury, and have recourse to other means; it is right in these

cases to give opium and the compound decoction of sarsaparilla, that is the plan you will find the best in irritable buboes. When the state of the swelling will allow, you can return to the use of mercury to complete the cure. It is only by the injudicious use of mercury that the very severe symptoms which occur after syphilis, are produced. I do not believe that syphilis itself ever produces them; no, gentlemen, they arise either from a defect in the constitution of the patient, or from the fault of the medical man. I do not believe that nodes ever arise from the syphilitic virus alone, but principally from the injudicious treatment of syphilis, where mercury has been incautiously administered, thereby increasing the irritability of the patient, and leading to worse consequences than the disease, for which it was originally given. In order to subdue this irritable state of constitution, give opium and the compound decoction of sarsaparilla, which have the power of lessening the irritability of the system, and relieving the patient. As to sarsaparilla being a specific for the cure of syphilis you will find that it is no such thing; it has the

power of suspending the symptoms of syphilis for a short time but not that of curing them, and the surgeon who thinks that it has, grossly deceives himself and those who are the dupes of his ignorance. If he fancies that the patient is cured because the symptoms disappear and the patient does not return, he equally deceives himself; for if he does not return to the same surgeon, (which he seldom does when he has been once deceived by him), he goes to another, and so on, till at last it is difficult to ascertain whether his disease is from syphilis, or from the various remedies which he has tried. What I should say is, that the improper use of mercury leaves a disposition in the constitution for the disease to return; and whoever has seen much practice knows that secondary symptoms are generally the result of a mistaken treatment of the syphilitic disease. - Well, then, opium, and the compound decoction of sarsaparilla, will lessen the irritability of the constitution: and so far they are useful, but any farther than this they ought not, to be used. I say that no surgeon who understood the nature of syphilis, and who had it

in his own person, would trust to sarsaparilla for a cure. In fact, I would say if he did (and you know that I use no milk and water expressions), that he was a blockhead. So long as I have the honour of addressing you, will I openly state my opinions to you. I am not come here to listen to the opinions of others, which I know to be wrong from the experience of forty years practice, nor to be taught by beardless boys how to treat a disease, of which I have seen thousands and thousands of instances.

The next subject which we shall consider is the

### *Sloughing Bubo.*

If mercury be continued whilst the bubo is suppurating, as soon as ulceration takes place the sloughing process will follow, and extend over a considerable portion of the cellular tissue. Destruction of life in these cases is caused in two modes. Here are two specimens (*exhibiting them to the class*) taken from persons who died of sloughing bubo. In one, the femoral artery, vein, and sartorius muscle are laid bare to a considerable extent.—The one died from the irrita-

tion, produced by the sloughing process; the other from hemorrhage, caused by ulceration of the femoral artery. Thus destruction takes place from two causes—from the extent of the sloughing process, and hemorrhage from the opening of the femoral artery. A person with sloughing bubo died in the hospital, about three years ago, from hemorrhage. In these cases, you generally see that there is something faulty in the constitution, or that the patient has been injudiciously treated; as to the treatment of sloughing bubo, it is the same as in sloughing chancre. Abandonment of mercury—exhibition of ammonia with opium—and a generous diet, so as to give vigour to the constitution without exciting any febrile action; that is the constitutional plan of treatment which you should employ, and the local treatment principally consists in the application of the nitric acid wash, about fifty drops of the acid to a quart of water. It sometimes happens when the gland suppurates and the sloughing process is going on, that secondary symptoms appear; it is not right to give mercury in consequence of their appearance, but you

order the patient to take the compound decoction of sarsaparilla. When the sloughing process is stopped, and the wound is well, give mercury if the secondary symptoms remain, then, and not till then, ought you to attempt the cure of the disease by the exhibition of mercury. When the sloughing process stops, and there are no secondary symptoms, do not give mercury. It is never right to employ it as it were by speculation, it will not destroy the venereal virus, although it is not in action, and will not prevent the appearance of the disease. Mr. Hunter was the first who pointed this out, that syphilis could not be prevented from appearing by the exhibition of mercury; and most surgeons state that it is best not to give mercury in expectation of the appearance of the disease, but to wait till it does appear. I give you this rather as Mr. Hunter's opinion than my own; there are some points connected with this subject which I shall speak of when making some general remarks on syphilis. It occasionally happens that when a bubo suppurates a sinus remains after the other part is healed. This may be often cured by an injection of about

2 grains of oxymur. of mer. to an ounce of water, or the undiluted tincture of lyttae, which will generally bring on adhesive inflammation. If these should not succeed, you must depend on the use of a seton, or laying the sinus open, but this latter mode is very rarely adopted. It sometimes happens that a gland projects after ulceration has taken place; when a case like this occurs, when the gland is insulated and rises above the surrounding surface, you get rid of it by means of small troches made of bread and oxymuriate of mercury, pointed at the extremity, which are inserted into the gland, and allowed to remain there twenty-four hours; this generally brings on a little inflammation, the death of the gland, and its separation from the surrounding parts. I have known the sulphate of copper produce the same effect, but the first is generally the best. When a number of absorbent glands are enlarged, never consider the complaint as syphilitic: they are owing to a defect of the constitution and never to syphilis. After a bubo has suppurated and ulcerated, it now and then assumes the character of what is called a phagedenic ulcer. If consulted

about the nature and treatment of this kind of ulcer what would you say? First, that phagedenic hubo is an ulcer with the edges thin, rugged, loose, and irregular, owing to a morbid condition of the cellular membrane beneath, which is in a sloughing state; you see in a phagedenic hubo, if you look attentively, that the cellular membrane under the skin is in a sloughing state. There is an increased number of blood vessels over which the skin hangs loosely, and the ragged edges of the sore are owing to a want of action in the part, the blood being retained in it on account of there not being sufficient freedom to carry it into the system. This kind of sore arises then from the cellular tissue, and it is difficult to give life to it, because it becomes considerably excavated and the skin hangs loosely over it. The best treatment that you can employ is a saturated solution of the nitrate of silver, dossils of lint wetted with this lotion should be daily applied to the surface and edges of the wound, and the liquor calcis with lime water should also be used. Oil silk should be put over the wound to prevent it getting dry; for if it be-

comes dry, there is great danger of the gangrene spreading, therefore the part should be kept wet, and this you do by covering it with the oil silk to prevent evaporation. This then is the treatment of a phagedenic ulcer. Mr. Welbank, a surgeon in Chancery Lane, has recommended the application of the nitric acid in an undiluted state, with the view of forming a new surface. This gentlemen has tried it with advantage, at the same time preserving the constitution by restoring the secretions, and supporting the patient by a most nutritious diet. You should give bark and ammonia in combination with the opium, and do all that you can to restore the secretions, for this ought to be the first principle of your treatment.

#### *Diseases of the Throat.*

The venereal poison, when it passes the absorbent glands in the groin, goes into the system, but in its course affects no other glands but these; it is carried through the thoracic duct to the blood, and when in the blood it does not appear to affect but three parts of the body. 1st. The mucous membrane of the throat and nose; 2d. The skin,

or surface of the body ; 3d. The periosteum and bones. These three are the only parts liable to the syphilitic action after the venereal virus has entered the blood ; and with respect to the organs essential to life, these are not capable of having a syphilitic action excited in them, only in those parts of the body subjected to the influence of external causes, is the syphilitic action observed—the internal organs are entirely free from it—the brain, the viscera of the chest, and abdomen are never affected by it—even the mucous membrane of the interior of the body is not affected by it. I will now describe to you the appearances and consequences of the disease of the throat. When the syphilitic action is set up in the mouth, either the mucous membrane of the floor of the nose, or the roof of the mouth, becomes red and inflamed, and a pimple forms on it ; when this opens, the bony palate is exposed, which may be easily felt by applying a probe to the part—this is the manner in which the disease first shews itself.

The exposed bone exfoliates, a communication is set up through the mouth and nose, fluids return through it, and the voice

becomes nasal. In this disastrous state the unhappy patient is unfitted for society ; with an aperture in the roof of the mouth, he has a discharge from it of a most offensive smell, to which the smell of the dissecting room is not to be compared ; for I can assure you it is with difficulty that I can bear the breath of a person with disease of the mouth or nose ; but independently of this he is stamped by a nasal voice, and the fluids which he takes return through the communication set up between the mouth and nose. It is a state, gentlemen, to which death is far preferable ; therefore, don't look on syphilis as a trifling disease. The tonsil glands become affected with sores which have exactly the character of chancre, having rugged edges, a yellow surface, and a livid colour in the surrounding part. A sense of dryness is felt in the throat, which spreads up the eustachian tubes to the ear. But still worse effects of the disease are seen on the pharynx, just opposite to the mouth ; it is not unfrequently that ulceration proceeds through it, and the cellular membrane behind to the vertebræ ; but the worst effects of all produced by



the syphilitic action, are found on the larynx, which require immediate attention as soon as they shew themselves; and in a short space of time, if not checked, destroy life. Attending this affection there is always loss of the voice, so that you are obliged to put your ear, to the patient's mouth, he speaks in so low a whisper. If he has no primary symptoms of syphilis on him at the time, you are not led at first to suspect that it is syphilitic, although whenever a person comes to you with loss of voice, you should always ask, How long it is since he had any sore on his yard? What space of time has elapsed since he had syphilis? This effect of the syphilitic disease more frequently destroys life than any other. Here is a specimen (exhibiting it to the class) taken from a female who died of this complaint. She was admitted into the hospital with a bronchocele; she had difficulty of breathing and little power of utterance, which were attributed to the pressure of the tumour on the larynx. When she had been in the hospital a little time, a syphilitic eruption made its appearance, by which it was discovered she had not very long ago had sy-

philis. Mercury was given her, but the disease had proceeded too far, and she died a few days after. On examining the throat, chancres were found, one on each side of the upper part of the larynx; there was no disease whatever of the lungs. The ulceration had proceeded to the laryngeal artery; this had given way, and part of the blood passed into the trachea. Portions of the thyroid cartilages are sometimes ossified in this disease, and coughed up. One of the cornua of the thyroid cartilage was coughed up by a patient of Mr. Forster's at the other hospital; it was converted into bone: the patient did very well.

The treatment required in syphilitic sore throat is as follows:—It will be necessary to make use of mercury, if the part is not too irritable, and the sore has no other character than in a healthy person, and does not affect the mouth more than is generally done when syphilis appears in any other part. Here you must endeavour to prevent the disease making those dreadful ravages, which I have described, on the soft palate and upper maxillary bone, producing an aperture which requires artificial means to close it. Mer-

curial fumigations are found the most efficient local means for sores of the palate; but if the roof of the mouth itself becomes affected, a little diluted muriatic or nitric acid will assist exfoliation, and prevent the aperture from being large. When the sores are on the tonsils local means are not necessary, for a considerable portion of the tonsils may be lost without any bad effects being produced; constitutional remedies alone are generally employed. But with respect to myself, I am disposed to assist by local means the healing of syphilitic sores wherever they occur. When an aperture has been produced in the roof of the mouth, I put a piece of lint into the opening, and the consequence is that the person does not speak through his nose

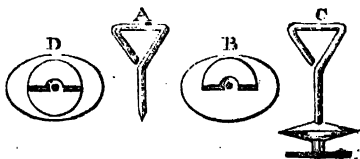
so much, and is not exposed to the observations of his friends. As soon as exfoliation has taken place, it will be right to introduce some extraneous substance to fill up the aperture; and the best instrument I know is one contrived by Mr. Weiss, whom you all know to be an extremely ingenious man. A gentleman of rank and fortune, affected with sore in the roof of the mouth, applied to Mr. Weiss to know whether he could make him something which would fill up the opening, and remain there without producing inconvenience. Mr. Weiss immediately produced an instrument which gave the gentleman the greatest comfort and satisfaction, and answers much better than any other with which I am acquainted.\*

\* We have obtained one of these instruments from Mr. Weiss, and herewith present our readers with a drawing made from it. Mr. Weiss informs us that he has employed it on several occasions, with the most complete success, entirely removing nasal articulation. The instrument consists of two silver plates attached to each other by a small neck. The upper plate is less than the under, and is divided into two equal parts. The plates and neck are pierced by a square aperture, for the reception of a key. When the instrument is about to be introduced into the opening of the palate, one part of the top plate is to be turned upon the other by means of the key. It then, of course, forms only half a circle, and by giving it an oblique direction will pass through a very small aperture. After it has been so introduced, by giving the key another half turn, the divided plate again forms a complete circle, and thus effects the closure of the hole. The neck of the instrument must of course be proportioned to the thickness of the palate

When there is disease on the soft palate nothing can be worn, because any instrument unless kept near the bone would excite inflammation. M. Roux of La CHARITE at Paris, in a case of division of the soft palate, performed an operation for the purpose of closing the aperture, and on the same principle as the operation for hare lip. The operation was successful; it is certainly a very ingenious one. I think a gentleman at the west end of the town has also performed this operation, if any of you recollect his name, I shall be obliged if you will mention it; (here several students stated that it was Mr. ALCOCK,) Mr ALCOCK

then, gentlemen, has also performed this operation. Sir Astley then said that he thought the union of a division of the soft palate had been attempted by some one else, when one of the pupils replied that it had been by Mr. BRODIE. I was not aware that Mr. Brodie had performed this operation, are you sure of it Sir? This being answered in the affirmative, the learned professor said that the operation was similar to M. Roux's had been performed by Mr. ALCOCK and (I must however mention my friend Mr. BRODIE's name on your authority, pointing to the student who first mentioned it,) by Mr. BRODIE.\*

Each plate should be in contact with the parts above and below without pressing heavily in any particular situation, lest it should produce ulceration.



#### EXPLANATION OF THE PLATE.

- A.—The Key,
- B.—The instrument, with one half of the upper plate turned upon the other.
- C.—The appearance of the instrument when about to be passed into the mouth, with the Key inserted.
- D.—Represents the instrument as when worn, the key being withdrawn and the upper plate forming a complete circle.

\* We were not aware that Mr. Brodie had performed this operation, for there is no account of it published; but on inquiry we find the pupil's statement to be correct. Mr. Brodie and Mr. Alcock have both performed it. Mr. Alcock's operation succeeded, but Mr. Brodie's did not.—*Ed. LANCET.*

With respect to affections of the larynx, you must act immediately on the system by mercury; I use the oxymurias hydrargyi, because it is the quickest in its operation. Mercurial fumigations locally, and the oxymurias hydrargyi internally, these are what I now employ.— Some give the blue pill and opium, but I prefer the oxymuriate on account of its speedy effect.

We have thought it right to give an account of Mr. ALCOCK's operation alluded to by Sir Astley. It is taken from the *Transactions of the Associated Apothecaries, &c.* Vol. I. p. 379.

#### CASE.

"Mr. G. H—, a young man, aged about twenty-two, had laboured under the inconvenience of a cleft palate from his earliest infancy. His voice was strikingly nasal, and his articulation so indistinct, that he had contemplated giving up an advantageous situation in which he was required to converse frequently with strangers.

"I transcribe from notes made whilst the case was under consideration, the state of the parts.

"The extent of the aperture is the whole length of the soft palate and of the uvula, exposing the inside of the posterior part of the nostrils to view when the mouth is opened."

"The retraction from side to side of the aperture is, under ordinary circumstances, about five eighths of an inch, but sometimes greater; in some motions of the parts the sides of the uvula nearly approximate, and may, with a little mechanical assistance, be brought into contact without any violence."

"The object to be desired was obviously the union of the inner edges of the palate; the means proposed, similar to those used in the treatment of hare-lip:

"1st. The removal of the extreme edges.

"2d. The bringing of them into easy contact, and so retaining them, that union by adhesion might take place.

"In the operation I was assisted by my friend Mr. C. T. HADEN, of Sloan-street: Dr. ARMSTRONG was also present; as were several of my pupils.— The operation was performed June 7, 1821.

"The requisite preparations being made to adapt the instruments to the form and depth of the parts to be operated upon, the inner edges of the cleft palate were carefully removed by scissors with extremely thin edges, as recommended for surgical purposes by Dr. WOLLASTON. Simple as the narration of this process may appear, the irritability and depth of the parts presented considerable obstacles, and occasioned some delay. The edges being removed, and the bleeding from the divided portions having ceased, two ligatures were introduced by means

of a *small curved needle\**, at the distance of about three eighths of an inch, or less, from the inner margin, and at equal distances from each other, and from the extremities of the cleft.

"It may seem needlessly minute to describe every trifling circumstance; but without strict attention, the ligatures may be passed lower on one side than on the other†, so as to make one portion of the uvula lower than the opposite; the ligatures may be drawn so tightly as to cut their way out before union takes place; or they may be so relaxed as not to bring the divided parts into accurate contact; or though neatly adapted at first, if the knot be of a kind capable of yielding‡, it may give way, and defeat the design of the operation. Nay, even the intervention of a very slight coagulum of blood; or of the extremely tenacious saliva or mucus so abundantly thrown

out upon these parts, when irritated by the necessary removal of the edges and the insertion of the sutures, may produce a similar result. This last circumstance, namely, the abundance of glairy fluid adhering to the parts during the operation, presents no inconsiderable difficulty, even in tying the knot. There was more strain upon the upper ligature than desirable, could the parts have been kept in contact without it.

"After the operation, the patient was enjoined to avoid speaking; to abstain from food and drink for a number of hours; and for some days to restrict himself to spoon diet.

"The irritation which succeeded the operation was more moderate than had been anticipated; a slight degree of inflammation of the palate, the fauces, &c. supervened; but did not proceed to any alarming extent, under the antiphlogistic regimen which he adopted. This, it was feared, might have prevented union; but on the removal of the ligatures on the fourth day, a very slight union was found to have taken place at the point supported by the lower ligature; but so extremely slight, that the forcible action of the part, as in sneezing, might probably have destroyed it.

"This small union was, however, sufficient to establish the principle that adhesion of these parts might, under favourable circumstances, be effected.—The patient was in no degree discouraged. He had during the operation conducted himself with extreme firmness, and

\* The smallest of the curved needles in common use, were too large for this purpose. This had been foreseen and provided against. Unless the needle form a segment of a smaller circle than the palate, it will be found impracticable to pass it without wounding the inside of the mouth.

† This is stated to have happened in the case operated upon by M. Roux.

‡ Sailors are well aware of the difference between a *reef-knot* which will not slip, and a *granny's knot*, which is generally rewarded by a rope's end applied to the back of the unfortunate wight who is heedless enough to make the one for the other.

Trivial as to some this observation may appear, a case of fatal hæmorrhage after amputation, has been known to occur through the error of making a slip-knot upon the principal artery.

now expressed his determination to submit to it again whenever I should think proper.

Nine days after the former, the operation was again performed, in the same manner as before. The parts were much less irritable than on the first occasion; but still the copiousness of glairy secretion adhering, greatly diminished any expectation of extensive union; a little more was gained, and but a little. The inconvenience of this operation was so slight, that he did not avail himself of a lodging which he had in the first instance provided near my residence. He walked home a considerable distance, and called to see me once or twice a day, as he pleased.

"Regretting the small extent of union effected, I feared that the parts might have been in some degree bruised in removing the edges by the scissors (although perfect union by the first intention had been effected in a recent case of hare-lip, in which I had removed the edges of the lip by the same instrument); I therefore sought to avoid any possibility of bruising the parts, by substituting the knife for the scissors at the next operation, which was performed after an interval of a fortnight.

"The mechanical difficulties were increased by using the knife; another point of union was effected at some distance from the former; but not more in extent than in the preceding operations. I therefore became satisfied that it was not owing to the use of the scissors that the

union had not been more extensive.

"The operation was twice repeated at intervals of about a fortnight, and each time with less inconvenience than the preceding; two or three days' absence from his avocations being the most irksome circumstance. Each time some addition to the former extent of union was effected.

"The patient's health having become somewhat disordered, which he attributed to the heat of the weather (August), although probably in some measure depending upon his altered mode of living, I recommended him to give himself no concern about his palate, but to attend carefully to his diet and to those circumstances likely to improve his general health, which soon became re-established.

"In October he was desirous to have the operation performed on that part of the palate which had not previously united, and the attempt to complete the union was again undertaken.—As the want of union of the lower portion appeared on the former occasions to result from intervening mucus, preventing the perfect contact of the edges, when the sutures were used: pins acting for those for hare-lip were preferred on this occasion.

"10th, The internal edges of the uvula were removed by the thin-edge scissors as before, and two pins, adapted to the form of the parts, were inserted at convenient distances on each side. This change in the mode of operating somewhat increased the mechanical difficulties; for the

removal of the points and the passing of the ligatures round the pins, at the bottom of a deep cavity, and connected with the parts naturally very irritable, are somewhat different circumstances from those when the parts are situated externally and admit of being firmly supported by the hands of an assistant. The parts were, however, brought into accurate contact.

Diet to consist of bread and milk, &c.

He experienced greater uneasiness during the first 24 hours after this operation, than when the ligatures only were used; but there was no irritation of the tongue nor of the palate from the ends of the pins, which were intentionally left slightly projecting.

" 17. The upper pin was removed; the parts in close contact; but as the support of the lower pin remained, no certain conclusion was drawn whether adhesion had taken place or not. His tongue was pale and furred, which had previously happened whilst he was restrained to spoon diet. He was, therefore, permitted to resume his usual diet.

" 19. The palate as on the 17th. He attended to business as usual. His tongue, &c. improved since last report. No inconvenience from the remaining pin and ligature: it was therefore allowed to remain.

" 20. The ligature and lower pin were removed, and, to the great delight of the patient, the union extended to the lowest point of the uvula. He observed that his tongue seemed as if it were too large for his mouth.

" 22. My friend Mr. Haden

saw him with me, and was highly satisfied with the result. The small aperture about the centre of the palate, which was not meddled with in the last operation, of course remains the same; and a very slight fissure was perceptible a little above the uvula, but without any retraction of the edges.

" His voice compared with its original state prior to the first operation, is strikingly improved; and he now performs his business with alacrity and comfort, and to the satisfaction of his employers, as well as that of their customers. Before the operation the defect in his speech was so great as to render his intercourse with strangers extremely irksome; and the consciousness of his defect was ever present to his mind."

" October 27. In high spirits at the improvement which he perceives in his speech, and the satisfaction with which he is thereby enabled to transact his business.

" November 5. Speech and confidence improving.

" He promised to appoint a day for a drawing to be made from the palate; but although he occasionally called upon me, his leisure did not permit this intention to be carried into effect.

" It is proper to observe, that in cases of defective or cleft palate, the indistinctness of articulation generally arises from two causes; the first and principal is the physical defect which admits the air too freely into the nostrils; by which the peculiar nasal sound of the voice is pro-

duced. This the patient, whilst the parts continue preternaturally open, is unable to remedy any effort, however desirous he may be: the other cause alluded to arises from habit, in not placing the tip of the tongue properly at the root of the front teeth in such sounds as *c* soft, *s*, *th*, &c. The first of these causes is fully remedied by the union of the divided palate; the latter requires that the defective sounds should be ascertained and counteracted by diligent attention, whenever these stumbling-blocks occur.

"The patient whose case is above described lost the nasal sound of voice after the last operation; but the effect of careless habit was still perceptible when he spoke heedlessly in some difficult words; yet when his attention was directed to any particular sound, and the defective word distinctly pronounced by another, and the position of the tongue, lips, &c. shown, his utterance was perfectly distinct and free from any obvious peculiarity.

"Notwithstanding the difficulties in this case were greater than may be anticipated in the management of any similar instance, (for I have candidly stated the unforeseen inconveniences experienced, and the defects resulting therefrom, that they may be obviated by future operators); yet the patient, far from regretting that the operations had been performed, is so satisfied with the benefit which has resulted, that he has expressed—"I am so far convinced of this, that was I now in the same situation as when I first

saw you, nothing should hinder another trial."

"In conclusion, it may not be unuseful to remark, that the principles and mode of treatment adopted in the preceding case, are not confined merely to that deficiency or division of the palate existing at the time of birth, which has been termed congenital; but are equally applicable to many of those unfortunate instances in which patients have suffered the loss of a portion of the soft palate through disease."

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#### "HOLE AND CORNER" SURGERY AT ST. THOMAS'S HOSPITAL.

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If the recent attempt of the surgeons of St. Thomas's Hospital, to suppress the publication of hospital reports, were not in some degree calculated to cast a stain on the character of the profession, we should deem it scarcely worth while to take any direct notice of the contemptible proceedings by which these individuals have endeavoured to elude the vigilance of the press, and to establish a system of 'Hole and Corner' Surgery within the walls of that Institution. As far as we are ourselves concerned, we have the less reason for occupying any portion of the attention of our readers with



this subject, because such an attempt, directed against this publication, would be perfectly impotent, and we should entertain no other feeling than that of the most unmeasured contempt, for the spirit, the taste, and intellect, which could engender so pitiful a proceeding. We have no ambition to contend against unresisting imbecility and we have no desire therefore to encounter the arguments or the eloquence of the THREE NINNY-HAMMERS or *Prompter NASH*; indeed we have no apprehension that the cause of 'Hole and Corner, Surgery' is likely to make any alarming progress under the auspices of its present champions, and we are quite satisfied that an attack on the freedom of the press from such a quarter can have no other effect than that of recoiling on the assailants, like dust thrown against the wind, and of rendering them just objects of contempt and derision. All these considerations might have induced us to abstain from bringing this subject formally under the notice of our readers, but as the character of the whole profession might suffer from the weak and injudicious proceedings of the surgeons of a particular hospital, in which

the surgeons of the sister institution have refused to co-operate, we think it right to advert somewhat more particularly to the course which has been adopted with a view of suppressing the publication of hospital reports—a course, which we take to be perfectly unexampled in point of taste, propriety, and discretion, and which cannot fail to establish the reputation of the champions of 'Hole and Corner' Surgery. Mr. TRAVERS, it seems, has never forgiven THE LANCET for its comments on the absurdities, which he broached at the anniversary Dinner of the United Hospitals, and Mr. GREEN has never enjoyed a good digestion, since our exposure of the *twaddle* which he uttered on the same occasion about 'butterflies' and 'and paper kites,' and which he would fain have passed upon the juvenile part of his auditory as a very smart and eloquent oration. *Hæret lateri lethalis arundo.*—We will take this opportunity of reminding Mr. GREEN *en passant*, that, however he may feel himself aggrieved by any notice which has been taken of his literary achievements in THE LANCET, he is infinitely indebted to our forbearance, for we have made no comment on his

recent lectures. Mr. GREEN is evidently a very vain, and a very shallow person, who mistakes the tawdry puerilities, which he has culled from second-rate novels and romances for fine writing. We can assure him that the class of readers whom he might have aspired to please some ten years ago, have grown comparatively fastidious, and that the fustian with which he has garnished his lectures is too poor a commodity even for the patrons of the Minerva Press. If our notice of the extra-professional absurdities of these persons laid the foundation of their hostility to the press, our impartial details of medical proceedings, and our fearless exposure of existing abuses confirmed that hostility, and they accordingly came to a resolution of taking measures, which as they profoundly calculated, would in the end have the effect of suppressing this publication; for had the first attack been successful THE LANCET was doubtless their next intended victim.

After having made the most strenuous efforts to obtain the concurrence of the surgeons of Gay's hospital, who very judiciously declined to co-operate with these champions of

'hole and corner surgery,' they determined to take the whole responsibility upon themselves; and after divers meetings and discussions, the following plan of operations was concerted, and straightway carried into execution. A written communication, signed by the champions, was sent to a gentleman, who was gratuitously assumed to be the editor of a medical journal, in which it was announced, that in consequence of some inaccuracy, (not specified) which had appeared in his journal, he would in future be excluded from the privilege of witnessing the surgical practice at St. Thomas's Hospital.

It is only necessary with respect to this part of the proceedings to state, that the gentleman to whom this communication was addressed has treated it with the contempt it deserved, and has continued to visit the hospital whenever he has thought proper to do so.

The second part of the operations against the press, digested by the three champions of 'Hole and Corner Surgery,' consisted of a speech delivered by Mr. TRAVERS, to the assembled students, in the operating theatre of St. Thomas's Hospital, in this speech

he declared that the surgeons of that institution, had come to the resolution of suppressing the publication of Hospital cases, and he had the effrontery to add, that if any student should be convicted of furnishing an account of hospital cases, with a view to publication, that they (the surgeons of St. Thomas's Hospital) would expel him: It will be easily conceived that this was not a very palatable declaration to the students; it appeared, however, rather to excite ridicule, than indignation. Had such a declaration as this, been made by a professor on the other side of the channel, to the students of the *École de Médecine*, it would have been followed by very different results. The medical students of Paris, a body distinguished for their spirit, intelligence, unanimity, and high sense of honour, would never have suffered such a man to resume his functions, without as ample and humiliating a concession, as the insult, which he had ventured to offer, was gross, and unwarrantable. We think, however, that, under all the circumstances, the ridicule with which the *speech* was treated by the students of St. Thomas's, was better suited to the impotent nature of the threat. What could be more absurd, than the hectoring tone assumed by Mr. TRAVERS? What more ludicrous than a threat of expulsion from the *surgeons* of St. Thomas's Hospital; men, so utterly divested of all power in that institution, that their prescriptions are not dispensed at the apothecary's a *second* time, unless they have been examined by a physician. This we assert as a fact, and it is the best possible evidence that can be

adduced to prove not only their want of power in the hospital, but the manner in which their talents are appreciated by the governors.

The three Ninnyhammers, like Moonshine, Lion, and Wall, endeavoured to enact their parts gravely, but they were received only with laughter and derision. Mr. TRAVERS attempted to play the Lion, but the students immediately detected, 'snug the joiner.'

'This Lion is a very fox for his valour, —Aye, and a goose for his discretion.'

In conclusion, we have to observe, that this malignant, though ludicrous, attempt to gag the press has had the usual effect of opening new sources of information, and of exciting an increased disposition in all quarters, to furnish authentic medical information. THE LANCET has hitherto pursued, and it will continue to pursue, the even tenor of its way, unmoved by threats, unbiassed by prejudice, and solicitous only to discharge in a fearless, independent, and impartial manner, the duty which it owes to the profession, and to the public.

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#### ROYAL ACADEMY OF MEDICINE AND THE LONDON COLLEGE OF SURGEONS.

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The ROYAL ACADEMY of MEDICINE at PARIS has proposed the following as subjects for the prizes, consisting each of a gold medal worth a thousand francs; the first to be decided in the public sitting of 1925: the second in that of 1826.

First.—To determine, by physiological experiments, chemical

observations, and anatomico-pathological reserchaches, the seat and mode of the alterations of the cerebro-spinal nervous system, and to state the indications of treatment to be drawn from them?

*Second.*—To determine, by observation and precise experiments, what are the way, the conditions, and the mode of absorption in man, in health and in disease, and in animals with a double circulation?

The treatises on these two questions, written in Latin or French, with a motto at the beginning of each, and another corresponding to this to be sealed in a letter, which is to contain the name and address of the author, must be sent, post free, before the first of March, 1825 for the first question; and before the first of March, 1826, for the second, to the Secretary of the Academy at Paris, Rue de Poitiers, No. 8.

It is impossible to see the exertions that are made abroad to promote the cultivation of medical science, and not contrast them with the apathy manifested at home by the public medical bodies of this country. Here we see the first professional body in France holding out an inducement to all, both foreigners as well as Frenchmen, to direct their attention to subjects at present involved in much obscurity, and but little understood. In this country, on the contrary, we see nothing of the sort ever adopted by those bodies which are appointed for the express purpose of advancing medical knowledge. Let us take, for instance, the LONDON COLLEGE OF SURGEONS, we will ask any candid member of the pro-

fession, has this body ever done any thing by which the profession has been benefited? There can be but one opinion on the subject in the minds of those who have no sinister interest to make them think otherwise. The College has taken considerable pains to enrich its museum, and the advantages to be derived from it are all that the profession derives from this corporate body. The College has appointed a professorship, and some lectures on zoology and comparative anatomy, to be delivered every year; but wherever we see a desire on the part of the College to be of service to the profession, its intentions are frustrated by the want of knowledge exhibited in carrying them into effect. When the slender benefit which the College has conferred on the profession, be compared with the amount of evil it has inflicted, every impartial person, must acknowledge, that it would have been a fortunate circumstance for the surgical profession of this country, if it had never existed. We sincerely recommend the EXAMINERS to bestir themselves; and though little good can be expected from them, as they are at present elected, yet they might imitate the Academy of Medicine at Paris, and thus benefit the profession, without, in the slightest degree injuring themselves. We must however, confess that we do not expect this advice will be followed by men, who possessing no desire for the advancement of science themselves, have no idea of encouraging it in others.

# THE MEDICAL, CLERICAL, AND GENERAL LIFE ASSURANCE SOCIETY.

A meeting of the proprietors of this society, took place yesterday at Freemasons' Tavern, Great Queen Street. Fifty-three gentlemen were present, and Dr. Pinckard in the chair. The chairman dilated upon the anticipated advantages which the medical and clerical professions would receive from this Life Assurance Company in preference to any other; and read some parliamentary reports with a view to prove that the present company does not require a charter for the purpose of rendering it a permanent legal establishment. After the worthy chairman had concluded his address a variety of resolutions were proposed and seconded by some of the gentlemen present, and all adopted *nem. con.* Every thing went on very pleasantly, and the "flattering unction" was assiduously applied to the end of the chapter.

The peculiar features which distinguish this society are stated in the prospectus, to be

1. A diminished rate of assurance, especially on the younger lives; calculated upon the improved state of public health, and the increased duration of human life.

2. Eight of the Board of Directors being members of the medical profession.

3. Extending the benefit of life assurance to all classes of persons; calculating the premium in a just ratio with the amount of hazard, instead of excluding those afflicted with "gout, asthma," and the other diseases usually specified.

4. Giving the option to the person assured to share the profits, either by adding them to the policy for the benefit of his survivors at his decease, or to take them in reduction of the annual premium, for his own benefit during life.

5. Purchasing the interest of the as-

sured, whenever circumstances may chance to require it, and advancing temporary loans, either upon the policy or upon the accumulated profits.

The most peculiar feature, is that the lives of persons afflicted with "gout, asthma, fits, rupture, hemorrhage, complaints of the liver, spitting of blood, vertigo, or any other disease," may be assured in this company. Dr. Bree moved this resolution, and during his remarks, observed that the above complaints could not be considered in any other light than effects; very true Dr. BREE, and that you are yourself the effect of a very ineffectual cause towards producing an intelligent medical practitioner is but too clearly exhibited in your absurd work on Asthma. Strictly speaking is there any disease, Dr. BREE, which is not an effect? Why then do you foolishly state that "gout" can hardly be called a disease, because it is the result of intemperance." Is gout, we would ask, less a disease in the intemperate than in the frugal man? Certainly not, to assert the contrary is truly ridiculous; and equally so, the declaration that "gout is the result of intemperance." Dr. BREE, we suspect, is one of the "rump," he evidently is not in favour at Court, and this probably was the oblique thrust of a rejected aspirant for kingly honours.

The directors of this Assurance Company are eighteen in number, three of whom are to be Dignitaries of the Church, eight members of the medical profession, the remainder to be chosen from the proprietors in general; the three dignitaries are to be *directores ex officio*. No Director can have a vote unless he have

five shares. A proprietary fund is to be constituted, (the Chairman did not say *when*) amounting to one million sterling. The *profits*, of the Proprietors are to be investigated at the end of every five or seven years.

We feel satisfied that the Medical, and Clerical Assurance Company, is not established upon a solid basis, and are convinced that it will prove an ephemeral institution. It is perfectly uncalled for, excepting as far as the diseased portion of the public is interested, and if the insurers are to consist of such only as are afflicted, with "gout, rheumatism, &c." &c., &c., Bree's specious logic, the proprietors we apprehend will have no necessity to give themselves much uneasiness respecting the *profits*, and once in fifty years, will be quite often enough for their distribution.

The title of this society will prove an insuperable obstacle to its success with the public; medical and clerical; is it to be supposed that the public will expect to derive any advantages from such a combination; we fear not; people in general have not sufficient confidence in the integrity of either profession, neither doctor nor parson is ever applied to except as a dernier resort, it therefore cannot be supposed that persons will voluntarily deposit their property in the possession of men in whom they have no reliance, while there are assurance companies open to them of long standing, known respectability, and immense capital.

Upon the whole then we strongly advise the members of the medical profession not to join this

clerical society, the union will neither prove satisfactory, nor lasting. The clergy are too anxious for power, too mindful of worldly affairs, and this institution if it exist for any length of time, will be entirely under the influence of the *dignitaries* and other members of the church.

## CHEMISTRY.

We stated in our last journal that oxygen, chlorine, iodine, and fluorine, were alone supporters of combustion, while all other substances in nature, except nitrogen, were capable of burning when in contact with one or other of these supporters under favourable circumstances, and were therefore combustible bodies. In our experiments to prove that no substance in nature will burn unless one or other of the above supporters be present, we shall select those substances which are generally known to be the most inflammable, and submit them to the most probable way for inflaming them, when absent from the supporter.

Phosphorus, perhaps, is as inflammable a substance as we are acquainted with, by "inflammable," we mean that it is capable of taking fire at a very low tempera-

ture. Take, therefore, a piece of phosphorus, and introduce it into a glass retort, furnished with a stop cock and cap, exhaust the atmospheric air from it, and now apply a spirit lamp to that part of the retort where the phosphorus rests, and carry the heat to redness or even until the glass fuses, and yet the phosphorus will not inflame, simply because the supporter, viz. the oxygen of the atmospheric air, has been removed from the retort; but if, while the glass remains even considerably reduced in temperature, any one of the supporters above enumerated be admitted to it, it will instantly inflame and burn vividly. A more simple method of making the experiment, is to put a piece of phosphorus in a common ounce phial, and place the thumb on the mouth of it, so as to prevent the passage of any air into the bottle; hold it over a lamp until the phosphorus inflames and consumes the small portion of oxygen present, and it will be observed, that the phosphorus will then cease burning. If the thumb be removed from the mouth of the phial so as to admit more air, the phosphorus will instantly recommence burning; but may as instantly be extinguished by preventing the access of air to it. Put a piece of phosphorus in a tea cup or glass tumbler, and pour boiling water on it, the phosphorus, in virtue of its specific gravity, will remain at the bottom, and notwithstanding the temperature of the water is more than sufficient for its inflammation, yet it will not take fire because it is excluded from the presence of a supporter; and to prove that this is actually the case,

let a stream of oxygen gas be passed down through the water on the phosphorus, by pressing a bladder of oxygen through a tobacco pipe; it will be seen that as soon as the oxygen comes in contact with the phosphorus, that it will take fire and burn under the water, so long as oxygen be pressed upon it. Although pure oxygen gas be preferable for this experiment, yet atmospheric air will succeed almost as well, as it contains sufficient oxygen for the support of the combustion of phosphorus. This experiment shows us that it is not heat but a supporter of combustion only, that is wanted to enable phosphorus to burn under hot water.

Hydrogen gas, the next inflammable simple body, may be proved not to burn absent from a supporter of combustion, by plunging a lighted taper into it under these circumstances; for, instead of taking fire, it will extinguish the taper. To make the experiment—fill a tall jar, standing over the pneumatic trough with hydrogen gas, now take it off, and suddenly introduce a lighted taper into the jar, taking care to keep the mouth of the jar downwards, otherwise the hydrogen will escape in consequence of its great comparative lightness; the result of the experiment will be, that the hydrogen will burn at the mouth of the jar, where it is in actual contact with the atmosphere in the form of a thin blue flame, being ignited by the lighted taper as it passed; but the taper itself, and the hydrogen, within the jar, being insulated by the film of flame, will neither of them burn; in fact, the taper will be extinguished, but may be re-

kindled as it is taken out through the film of flame, at the mouth of the jar, and be again extinguished by being introduced a second time into the hydrogen gas. Fill a retort or other glass vessel, with pure hydrogen gas, and throw into it a piece of phosphorus, now if a red heat be given to the phosphorus, it will not inflame. These experiments prove that although hydrogen is combustible, that it is not a supporter of combustion.

Numerous experiments might be mentioned which corroborate the theory we have noticed, and we may observe through all experiments of the kind, there is but one which throws any thing like doubt upon its truth, which experiment is, that if sulphur, (one of the combustibles) be heated in an exhausted vessel with copper, (another combustible,) that these two simple elements will undergo combustion. As this is a solitary instance, and as our knowledge of sulphur is not at all perfect, we ought not to receive the experiment in opposition to the above law of combustion; but we should rather conclude, that "combustion is the effect of intense chemical action between two elements, one a supporter, the other a combustible body, of different and opposite properties, and, therefore, that unless both these elements are present at the same time, no such action can take place, or can such effects as those denominated fire be produced."

## Foreign Department.

ROYAL ACADEMY OF MEDICINE AT  
PARIS.

(Sitting of the 23d. of March.)

M. ITARD read a paper on the spontaneous development of the prussic acid in the alvine evacuations. He quoted two cases of this kind. The subject of the first case had an inflammation of the intestines, the other presented symptoms of inflammation of the liver. In both the individuals, the stools smelt strongly of bitter almonds. M. ITARD regards these facts as important in a medico-legal point of view, and concludes from them, that the existence merely of the smell of prussic acid in the fæces should not lead one believe that the person had been poisoned with this medicine. M. DELENS related on this occasion several facts, which shewed that prussic acid had been found in the perspiration, urine, and expectoration, accounting for the blue colour of these liquids.

Mr. DUPUY observed, that cows fed in certain pastures gave blue milk. M. VIREY quoted a case where cows fed with the *prunus padus*, exhaled a very strong smell of bitter almonds. The existence of prussic acid in the excrements of these animals was ascertained by the existence of the sulphate of iron. M. MARO related, that in Germany some persons had been poisoned by eating sausages, in all of whom a great quantity of prussic acid was spontaneously developed.

General Meeting of the 6th of



*April*.—This sitting was occupied in hearing and discussing a report from M. DOUVAL on the plan of dividing the academy into special commissions for the different branches of the medical sciences. The plan was adopted, and several commissions were forthwith appointed, the number of which can be increased or diminished as circumstances may require. M. RULLIER presented a heart which had on the internal surface of its cavities several tumours of an irregular form, which appeared to be fibrous concretions formed a long time before death. The parietes of the heart were also perforated in two places.

*Sitting of the 12th of April.*—ANDEAL, jun. read some observations on a case of rupture of the heart and perforation of the stomach. The subject of this case, having been for a long time past afflicted with painful digestion, suddenly died, after some mental agitation. A great quantity of blood filled the pericardium. The posterior parietes of the left ventricle presented five oblong perforations, the greatest diameter of which was in the direction of the long axis of the heart. Some remains of the *columnæ irregularis* were observed along each perforation. The heart itself had not undergone any softening. The stomach presented traces of chronic inflammation, and towards the middle of its posterior surface there was a large solution of continuity circular with soft and even edges. What is very remarkable is, that the peritoneum was not the seat of any effusion. M. OLLIVIER

read a paper on a trophy of the gall-bladder. M. NAQUANT, in addition to the cases cited by M. OLLIVIER stated the case of an individual who had in the right hypochondriac region a tumour formed by the gall-bladder, as was proved by the nature of the liquids and calculi which were evacuated.—Recovery took place, and the tumour disappeared. But this person dying a short time afterwards on examination no trace of the gall-bladder was found; the place which it usually occupies being filled up with cellular tissue.

M. AMUSSANT presented to the academy different anatomical preparations and drawings of the biliary ducts, made for the purpose of shewing the true mechanism of the reflux of the bile from the ductus cholidocus into the gall-bladder. M. AMUSSANT demonstrated the existence of a spiral valve which he first pointed out surrounding the neck of the gall-bladder. The same anatomist made in the presence of the assembly several curious experiments in support of the new facts which he had just communicated.—*Archives Generales.*

#### A NEW MODE OF OPERATING FOR STONE ADOPTED BY M. DUPUYTREN.

M. DUPUYTREN has just performed the operation for stone in a new mode, and with the aid of a new instrument. The operation may be called the transverse operation (*taille-transverselle*), and the instrument, the double *lithotome caché*, which consists of two blades, arranged so as to cut at the same time, both right and left in withdrawing the instrument.

from the bladder. The catheter is introduced, and the membranous portion of the urethra cut to allow the introduction of the lithotome into the bladder. On withdrawing the instrument it is opened, by which means it divides the prostate on each side into halves the one anterior, and the other posterior. By this method, the vasa deferentia, rectum, transverse arteries of the perineum, and the pudic is avoided is avoided in the operation. M. DUPUYTREN operated a few days ago on a child; since which no bad symptoms whatever has appeared.

Surgeons ought to endeavour to make use of straight sounds when they have occasion to introduce an instrument into the bladder; they appear to offer several advantages which the curved sounds in general do not possess. The penis is held in the left hand, and elongated a little in front, the sound is introduced into the urethra, the extremity resting particularly on the anterior or superior parietes; it is immediately felt when the instrument passes the ligament of the pubis, and then it must be gently depressed without bearing too much on the point, which is to enter the bladder; if the prostate impedes the sound it will be quite sufficient to turn it between the fingers, or to withdraw it a little, and to direct the extremity a little higher in order to reach the bladder. With the straight sound, a surgeon may act with greater boldness, without the least danger of turning to the right or left. The instrument may also be very conveniently rotated. A sound slightly curved does not present the same advantages as

the entirely straight of M. AMY-  
SAT.—*Archives Generales, May.*

*Cancerous Ulcers.*—DOCTOR ULMANN of Marburg, states that he has seen excellent effects produced by the application of the hydroiodate of potash to cancerous ulcers. Ulcers of the lip, of the nose, and of the womb have been cured by an ointment of hydroiodate of potash, or injections containing this salt.—*Gazette de Sante, May 25th.*

## HOSPITAL REPORTS.

### ST. THOMAS'S HOSPITAL.

June. 8th.—Mr. Tyrrell commenced this day what he is pleased to term a course of Clinical Lectures; his object being, as he says, to illustrate, by cases selected for the purpose, the practical application of the principles of surgery which the pupils have heard from their distinguished Lecturer, Sir A. Cooper.

The intention of the young man is laudable enough; and we sincerely hope that his own improvement will keep pace with that of his auditors. At the conclusion of this day's address, Mr. T. observed, that he strongly objected to the publication of hospital cases by occasional visitors; and that he should himself at a future period publish the most valuable cases in the form of Hospital Reports. Occasional visitors, Mr. T. remarked, were not acquainted with the motives of the surgeon when he instituted any particular method of treatment. Now, from what we have seen of the discus-

gical practice at St. Thomas's Hospital, we are almost inclined to think that the surgeons would often have a difficulty to explain their motives; and if they were to be asked why they applied this—or gave that—like their sensible brothers of the Tenth, would frequently reply “don't know.” As Mr. T. is so anxious that motives should be known—so anxious that intentions should be explained—he will probably favour the students in his next “lecture,” with a report of the temporal aneurism case which we gave a short time since—tell us *why* the man was bled about three minutes before he breathed his last—and we entreat him to give a particular account of the entire treatment adopted with respect to that patient. As Mr. T. is now in the habit of giving the hospital cases, he will of course comment on the unfortunate as well as the fortunate ones; we shall, he may rely on it, whether we know his motives or not. With regard to his objection to the publication of cases by occasional visitors, as far as we are concerned, we can assure him, that our reporter is much more frequently at the hospital than himself, and in all probability, much oftener than even his dressers; this objection therefore is groundless.

After recapitulating that portion of Sir A. COOPER's lectures on constitutional and local irritation, and their mutual re-actions; he gave the case of L. E. as an example of depraved state of constitution, having influenced the local disease.

L. E. aged 14, had lived in a workhouse till a short time since,

following the employment of weaving. She has a fair complexion, her previous health was good, she was admitted into the hospital on account of a sloughing ulcer of the nates. Ten weeks ago she contracted a gonorrhœa, after which time her health became deranged from the discharge, and improper food and covering. The gonorrhœa having been neglected, the discharge trickled down the perinæum, and having lodged upon the nates, occasioned an excoriation, and from the depraved state of her general health, the sloughing process soon began. When received here, she had a very bad sloughing ulcer of the nates, considerable constitutional irritation, irregular bowels, flushed cheeks; calomel and opium were ordered for her in small doses, twice a day, she was likewise permitted a small quantity of wine. Liq. calcis with mucilage and opium, were applied locally, with a view to lessen the irritation, and by forming an artificial covering to the wound thereby confine the discharge, and prevent an extension of the excoriation; a light poultice was applied over the dressings, for the purpose of keeping them in an emollient state, and obviate their sticking to the parts. The above plan of treatment has been particularly successful, and the girl has been rapidly improving from the period of her admission.

16th.—Mr. T. commenced his lecture to-day, by some remarks on the importance of attending to the former habits of the patient, in the treatment of his disease. Several cases were given to show this. The following is one of them.

R. L. aged 50, admitted June

11th, in Edward's ward, a brick-layer's labourer, robust habit, florid, light hair, middle stature, had been in the habit of drinking large quantities of porter, but had worked hard. Disease, theca ulcerated, and sinuses communicating with each other in the hand. It commenced three weeks since, and he attributed it to sometime getting into a small sore when at work. He had complained of burning heat, swelling, and pain in the hand; had lost his appetite, was very restless, and skin hot. A cold application was only made. When admitted into the hospital, the abscess had burst, and the constitutional irritation was much diminished. There was ulceration at the middle joint of the middle finger, and a bad discharge. The arm was ordered to be supported in a sling, and nitric acid lotion to be applied to it. Generous diet, and porter allowed, as his former habits were addicted to drinking. The patient is doing very well, and there is not so much constitutional irritation, as usually attends this disease.

The next case shows the folly of exhibiting mercury in gonorrhœa, and the constitutional effects it produces.

I. C. 22, admitted 29th April, Foul ward. Worked at a confectioner's, lived irregularly, was up late at night, and says he had chancre and bubo. Six weeks ago he had gonorrhœa, and in five days after a bubo in the left groin; for which he rubbed in ung. hydr. and in a few days he had a bubo in his right groin also, kept his mouth sore for a fortnight; buboes increased in size, and in coming to the hospital broke. When he came into the hospital the appearances on the parts were,

warts on the frænum, slight excoriation on the right side of the glans. Two buboes, and the integuments surrounding them bluish and nearly in a sloughing state, the edges were detached and hung over the hollow below; he had also night sweats. Ordered dec. sarsæ. with mineral acids to improve his general health and check the night perspirations. Porter also allowed. Local application was black wash; rest, and meat diet. When his health was improved a little, one bubo was dilated, black wash applied, and over it a poultice, and it very soon healed, and the same treatment afterwards to the other. When he came in he had gonorrhœa, which shows that mercury will not cure gonorrhœa, and the mischief it always produces when taken to excess, is local inflammation. Mr. T. thinks from the appearance of the skin around the bubo, that if he had stayed out forty-eight hours longer the parts would have sloughed.

*A case of Diseased Spine cured by iscus and recumbent posture.*

M. V. 30, Ann's ward, admitted 8th April, lived as a servant and worked hard, general health not good. Two years previous to her admission she fell down and hurt her back, and has had a pain in her back and inability to walk since, she was supposed to have hepatic disease and took mercury. There was pain on pressure of the spine and lateral projection; the pain extended from the second to the seventh dorsal vertebra, and she was only easy in a recumbent position. She was not confined to any particular position, but to consult her own comfort in that respect.

Two issues were made on the sides of the spine. She took carb. ferri twice in the day. The issues discharged much, and in four weeks the complaint had diminished considerably, the same plan of treatment was continued another month, and she was discharged quite well and able to perform every motion of the body.

### WESTMINSTER HOSPITAL.

Saturday June 12. — The integuments in the groin of RICHARD WARREN, who was admitted into this Hospital, with an extensive bruise in the left Hypochondriac, and pubic regions, have sloughed, and the part has been thereby completely laid bare, for the space of five or six inches in length, and four in breadth.

The first injury was occasioned by the passage of a cart over the body of the patient; an abscess was subsequently formed, and sloughing having now taken place, the femoral artery may be perceived plainly pulsating in its sheath; and the inguinal glands appear as though they were dissected from the surrounding parts, but notwithstanding this the wound has a good appearance, healthy granulations having arisen from the bottom.

The remaining portion of the integuments on the sole of the foot of EDMUND MURRAY, were removed yesterday morning, and the wound is in a rapid progress towards a cure.

10. — No operation has been performed at this Hospital since our last report, and the only accident admitted is one of a woman with a cut on the eyebrow

and forehead, extending from the inner angle of the eye upwards and outwards, dividing the skin and muscles for the space of three inches; the accident was occasioned by the patient's falling from a cart upon the sharp edge of a stone, but although the blow was extremely violent no fracture of the skull, or concussion of the brain was produced.

### ST. GEORGE'S HOSPITAL.

In our report from this hospital of the operation for imperforate vagina, by Mr. Brodie, we should have stated, that the membrane was quite imperforate, and no catamenia had ever appeared. The poor woman died lately, and was examined, when great and general internal disease was discovered. On opening the cavity of the abdomen, a considerable quantity of very dark coloured offensive fluid escaped, similar in appearance to the menstrual discharge, the peritonæum was quite black, and most of the abdominal viscera diseased; considerable and extensive adhesions and ulceration. The uterus and vagina much longer than ordinary. The membrane in which the incision was made, was about one and a half or two inches beyond the os externum. She had been married, by her own account, two years; and her husband desired her, at the expiration of that time to get admission into a hospital.

Wednesday June 16. — No operation of importance has been performed at this Hospital since our last report.

# ROYAL WESTMINSTER LONDON INFIRMARY. VILLIERS STREET, STRAND.

The Anniversary Dinner of this Institution, took place on Tuesday se'nnight at the Freemason's Tavern, Queen-street, and was numerous and respectably attended. The chair was taken by the Marquis of LONDONDEARY. After the usual toasts and customary flatterings, handed about from right to left, Dr. GOLDING, the Founder, read the Report; which stated, that the number of persons together administered to, by this charity, had amounted to 14,622, of whom only 246 had died. The donations and subscriptions received since the last general meeting, had afforded very seasonable assistance towards defraying the great increase of expence, incurred by taking and fitting up, for the purpose of charity, the house at which the business is now carried on. This increase of expence, although heavy for the last year, will not again be required; and it is hoped that prudence and economy will obviate any permanent inconvenience from the sacrifices which have been made. The receipts in the present year having been 518l. 17s. 10d., and the expenditure, 480l. 8s. 2½d., leaving a balance of 38l. 9s. 7½d. The benefactions and annual subscriptions in the course of the evening, amounted to 250l. The company did not separate until a late hour.

## HYDROPHOBIA.

SAMUEL POWNALL, a farmer, was admitted about a fortnight since into the Stockport House of

Recovery, with confirmed symptoms of hydrophobia from the bite of a cat, about seven weeks previous; the wound was just above the wrist.—The means to prevent dangerous consequences, were adopted, the wound was kept open, with occasional purgatives to regulate the action of the bowels. In consequence of the irritation of the dressings, a soothing plan was adopted, and the pain which extended along the arm subsided. On Sunday a slight sensation of cold shivering was perceived, which increased greatly with the least breath of air reaching him, and a spasmodic affection in the act of swallowing; did not complain of any pain; pulse 120, but weak; tongue much furred; bowels constipated; thirst very great; violent convulsive sobes with spasmodic contractions after swallowing; passed a very restless night. Monday, symptoms increased throughout the day, with occasional paroxysms, was quite sensible.—At half past two o'clock the paroxysms became very frequent and outrageous, which were accompanied with violent vomitings, and continued until half-past three when he died.—*Stockport Paper.*

## DISSOLUTION OF PARTNERSHIP.

B. Ogden and T. Allan, South Shields, Chemists.

## MILITARY PROMOTIONS.

11th Foot.—Assistant Surgeon S. W. Chernside, M. D. from half-pay 7th Royal Veteran Battalion, to be Assistant Surgeon, vice Stewart, promoted in the Royal African Colonial Corps.  
21st ditto.—Hospital Assistant, D. Twiss to be Assistant Surgeon, vice Freer, removed from the service.  
60th ditto.—Hospital Assistant P. Lemon, M. D. to be Assistant Surgeon, vice Melvin promoted.

32d ditto—Surgeon W. Behan, from half-pay 23rd Foot, to be Surgeon, vice W. MacNish, who retires upon half-pay.

#### HOSPITAL STAFF.

To be Assistant Surgeons to the Forces—Assistant-Surgeon J. E. Stewart, from half-pay 26th foot, vice Hospital-Assistant, Chambers, appointed to the 64th Foot; and Assistant-Surgeon W. McLeod, from half-pay 78th Foot, vice Hospital-Assistant M'Niece, deceased.

To be Hospital-Assistant—J. Young, Gent. vice Blair, deceased.

A. Baxter, M.D. Deputy Inspector of Hospitals, to be Inspector of Hospitals, by Brevet.

R. Calvert, M.D. and J. MacMullen, Physicians to the Forces, to be Deputy Inspectors of Hospitals, by Brevet.

Dr. D. MacLoughlin, Assistant Surgeon to the Forces, has been dismissed the service, for gross disobedience of an order of the Commander-in-Chief.

#### BIRTHS.

At the Presidency, Bombay, on the 14th January, the Lady of Dr. Kemball, of a daughter.

On the 11th inst. in Manchester-square, the lady of Dr. Bright, of a son.

In Tipperary, the lady of Dr. Ray, of a son.

On the 2d ult. at Mallow, the lady of Assistant-Surgeon Macpherson, 42 Regt. of a son.

On the 15th inst., the lady of Dr. Seymour, of George-street, Hanover-square, of a son.

#### MARRIAGES.

At Gayfield square, Edinburgh, 2nd inst. T. A. Davies, Esq. Surgeon, Edinb., to Spencer Boyd, eldest daughter of A. Bivewright, Esq.

At Edinburgh, 1st inst. Dr. James Killier, Surgeon of Dunbar, to Mary, second daughter of the late Mr. G. Wanchape.

At Banff, George Craigie, Esq. M.D. Bengal Medical service, to Jane, only daughter of J. Wilson, Esq.

At Rochdale, Mr. Wood, Surgeon, to Jane, daughter of J. Elliott, Esq. Townhead, Lancashire.

On Saturday last at Knutsford, Lancashire, Mr. W. Chubbe, Surgeon, to Anne, daughter of the late Mr. Hancock.

On Tuesday, at Liverpool, Mr. S. McCulloch, Surgeon, to Anne Clarke, daughter of the late B. Roach Esq. of Barbadoes.

At Dublin, J. Ried, Esq. to Mary daughter of Dr. Hunter, of Moy.

At Berwick, Mr. G. Marshall, Druggist, to Miss Paxton.

At Newberg Mr. R. Rogers, Surgeon, to Mary daughter of Mr. D. Thompson.

#### DEATHS.

At Thetford, G. Mingay, Esq., Surgeon of the West Suffolk Militia.

At Limerick, on Tuesday last, Mr. Locke, Apothecary.

In Queen-street, Edinburgh, Alexander Wylie, Esq. M.D.

At Seaton, Cumberland Mr. Bowman, Surgeon of Aspatria, aged 25.

At Padstow, Mr. R. Falk, Surgeon, aged 84.

Lately in London, E. Kent, Esq. late of Stephen's Green, Dublin, Member of the College of Surgeons in Ireland.

At Tregony, 10th inst. Mr. J. B. Perryman, late Surgeon H.M.P. Regent aged 20.

On Thursday last, Mrs. Heaviside George-street, Hanover-square, wife of, Mr. Heaviside, Surgeon.

At Tralee, of Measles, Richard, second son of R. Furdon, Esq. M.D.

At Madeira 4th of April, of a desertery, Mary Augusta, eldest daughter of Dr. Nicholl, Penline, Glamorganshire.

Surgeons Murphey, Louth Militia—Ambrose, half-pay Artillery—Assistant ditto Cochrane, half-pay York Rangers.

#### NOTICE TO CORRESPONDENTS.

L. shall not be forgotten.

Amicus has our best thanks; we wish that his last paragraph had been more explicit.

F. W. is our friend. If he will tell us where to address a note to him, we will explain.

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# THE LANCET.

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## SURGICAL LECTURES.

Theatre, St. Thomas's Hospital.  
Wednesday Evening,  
May 12.

### LECTURE 64.

The next subject to which I shall direct your attention is the influence of

#### *Syphilis on the Nose.*

The mucous membrane of the nose is liable to be affected by this disease, as well as the mucous membrane of the throat.—Ulceration in this part very speedily affects the bones, which afterwards exfoliate, and the patient will be in danger of losing a considerable portion of the nose. The following are the symptoms which indicate the existence of this disease. The first circumstance of which the patient complains is an incrustation forming in the nose. On this incrustation being removed by the hand a quantity of blood mixed with purulent matter is discharged.—

In two or three days similar incrustations are formed, and under these an ulceration takes place, which frequently lays bare the bone, and occasions the process of exfoliation. The bones very often separate by exfoliation long after the syphilitic action has ceased. The number of bones which separate in this way is often very considerable: there is a preparation on the table in which you will have an opportunity of observing a number of bones which separated from the nose by exfoliation in the same individual. Here is another example in which the disease also made considerable progress in this part. The treatment of syphilis in the nose is similar to the treatment of it in other parts of the body. The constitutional treatment is precisely the same, but in addition to the constitutional treatment local applications should be employed. Fumigating the part is attended with some advantage; injecting lotions are also sometimes found to be beneficial. Lotions



of diluted nitric acid, or diluted muriatic acid may be used with a view of healing the sores, and assisting the process of exfoliation. Fumigations are useful in clearing the nose of the accumulated incrustations. Steaming the nose with hot water assists in separating the incrustations, and affords considerable relief to the patient. Such is the treatment under ordinary circumstances.— If the bones of the nose have not become affected there will be no great difficulty in conducting the cure, but there are cases in which very considerable difficulties will be encountered, and in which the most horrible deformities will frequently be the result. In general you are to consider these deformities, as the result, not of syphilis, but of the improper treatment of that disease. I will tell you what very often happens in cases of syphilitic disease in the nose. The patient undergoes a mercurial treatment, and the sores appear to be cured; but when the mercury has been left off for a time, and the person has returned to his ordinary employments, he finds the discharge again appearing in the nose, and as it becomes offensive, applies to a medical man. —Under such circumstances it

is frequently supposed that, though he has undergone a treatment which is usually sufficient for the cure of syphilis, the disease is yet not completely subdued, and he is put under a second course of mercury. This, gentlemen, is not only unnecessary, but extremely injurious to the patient. The disease of the nose is not the result of syphilis, but it arises from the process of exfoliation in an exposed portion of bone. During the time the mercury is given the sores heal, and the bone becomes dry. There is no discharge at this period, but after a time the process of exfoliation produces irritation and ulceration of the mucous membrane of the nose, which is generally, but erroneously, supposed to be syphilitic. If the patient be time after time subjected to fresh courses of mercury, these add to the mischief, and the most horrible deformities often ensue. The mercury instead of assisting the exfoliation which is going on, adds to the inflammation, and produces other, and most extensive exfoliations. Under proper treatment no person, perhaps, ever lost his nose from syphilis, but the instances are very numerous in which this loss has arisen from

the abuse of mercury. To prevent the great deformity which will arise in such cases if an opening be formed through the skin, in the upper part of the nose, a probe should be introduced to feel for the loose ossa nasi, which should be removed by a pair of forceps. The nose will be somewhat altered; there will be still some deformity, but not that horrible deformity which ensues, if the skin is allowed to give way in the upper part of the nose. Evaporating lotions should at the same time be employed, to prevent ulceration taking place through the skin. I witnessed, very early in life, a most unfortunate case of disease in the nose, which was occasioned by maltreatment, and which ruined the happiness and prosperity of the individual in whom it occurred. This person had embarked in business with the greatest possible degree of success, and his prospects were of the most flattering description. He retired for a time, from his business in consequence of a sore in his nose, accompanied with incrustations which was believed by his surgeon to have been in the first instance syphilitic. A slight mercurial course was employed for his cure, and he got appa-

rently well, but a short time after, the discharge from his nose returned. This led the surgeon to think that he had not been completely cured, and he accordingly put him upon a second course of mercury. Extensive exfoliations took place, and the bridge of his nose was sunk. Under these circumstances he was ashamed of appearing in business, and was under the necessity of consigning it to other hands. The disease of the nose was still not entirely subdued, and he was put under a third course of mercury. This led to inflammation of the skin, the ossa nasi separated through it, and the most horrible deformity was produced. The state of his breath, and the smell issuing from his nose were most offensive; he was obliged to seclude himself entirely from all society, his prospects in life were completely ruined, his business went to decay, and he died in poverty and wretchedness. As these circumstances occurred to a man in a higher state of society than that in which we usually meet with such deplorable cases, they made a strong impression on my mind. Be upon your guard, therefore, against treating a renewed discharge from the nose as syphilitic,

on the supposition that the mercury previously employed, has not been sufficient to subdue the disease.

The next subject of which I shall speak, is that of

### *Syphilitic Eruptions.*

Syphilitic eruptions, are the mildest of the secondary symptoms of the venereal disease, and in general admit of an easy cure. The common character of syphilitic eruptions is, that they are of a copper colour, rising a little above the surface of the skin, and if they go on to ulceration, forms thick incrustation first. They are attended with very little pain; an itching, rather than a painful sensation is felt in the part, which increases a little in the evening. There is a great variety in the character of venereal eruptions with respect to size; in fact, you very rarely see the eruptions in one patient exactly like those which occur in another. Go round the syphilitic wards to-morrow, and examine the appearances of the eruptions in the different patients who have that symptom; you will scarcely find them exactly alike in any two patients, in point of colour or size. In some you will find the eruptions

of considerable magnitude, appearing as if a portion of copper skin was laid down upon the surface, but unattended with ulceration. In others you will observe deep ulceration with a very ragged edge; in others there will be scaly eruptions covering very large surfaces in various parts of the body. There is greater variety in the character of venereal eruptions, than in any other symptom of the disease. You may satisfy yourselves of this fact by going round the hospitals, and at the same time appreciate the pretensions of those persons, who ascribe one uniform character to this symptom of the disease. With respect to the parts in which venereal eruptions most frequently appear in the first instance, they are the head, face, and roots of the hair. Incrustations form about the hair of the head, and scabs appear on the forehead, breast, the palms of the hands, and sometimes the soles of the feet. The palms of the hands are more frequently attacked with venereal eruptions, than other parts of the body, because there is more vigour of circulation in these parts; the parts where the circulation is more feeble, are less liable to be at-

tacked. The treatment of venereal eruptions is of the most simple kind. You will pursue the same constitutional treatment which I have already advised; give ten grains of the blue pill united with opium, at night and five in the morning; or five grains at night, and five in the morning. The *pilula submuriatis hydrargyri composita*, or Plummer's pill, combined with the decoction of sarsaparilla is sometimes employed for the cure of this venereal symptom. Five grains of Plummer's pill may be given at night, and half a pint of the decoction drunk daily. The compound decoction of sarsaparilla will remove this symptom for a time, but the disease will reappear, and you are never sure that the patient will not return with syphilitic symptoms. Even Plummer's pill united with the compound decoction of sarsaparilla, unless it be continued for a very considerable time, cannot be depended upon. It should be given from six weeks at least to two months to prevent a return of the disease. The eruptions will often yield in a very short time, but unless you continue the medicine till the syphilitic action is destroyed, the disease will return. Nothing can be more absurd—

nothing can shew a greater ignorance of the true principle of treatment which should be followed in this disease, than to suspend the use of the medicine, as soon as the symptoms disappear.—Venereal eruptions sometimes shew an irritable disposition as well as other symptoms of the disease, from which the parts will be in danger of sloughing. Whenever this irritable disposition appears, suspend the use of mercury, and give the compound decoction of sarsaparilla alone in considerable quantities. It will be better not to combine the decoction with mercury in any form; if you add any thing, let it be opium and nitric acid. The opium lessens irritability, and the nitric acid has sometimes a specific action on sores of this kind. Irritable eruptions, are very often improved by the exhibition of nitric acid, which not only has a specific effect on them, but restores the general health of the patient. If the opium disagrees with the stomach of the patient, it will defeat the object of restoring his general health, and in that case should not be combined with the nitric acid. With respect to local treatment, the best application is mercurial ointment with opium;

an ounce of the ointment with a drachm of the extract of opium. This and the nitric acid lotion diminish irritability better than any other applications. The epithema composed of the liquor plumbi subacetatis with the mel rosæ, and tinctura opii is often found to be useful. Carrot poultices, the solution of the nitrate of silver, and a great variety of applications are employed with the same view.

I shall now proceed to describe to you the

*Syphilitic Diseases of the Periosteum, and Bones.*

The third effect of the syphilitic poison is on the periosteum, and on the bones. It first attacks the periosteum, and the bones, subsequently become affected.—The cylindrical bones, which are most exposed to vicissitudes of temperature are commonly first attacked; those which are much covered by muscle are rarely affected. The back part of of the tibia, for instance, which is covered by muscles is very rarely affected with nodes, though nothing is more common than to see venereal nodes on the shin bone, which is only covered with skin and periosteum. Sometimes they are seat-

ed on the outer side of the tibia, towards the fibula; if they are seated on the fibula, it is where it is only slightly covered; and if on the ulna, it is where it is covered only by skin and periosteum. Nodes on the os humeri, except on the outer side, are of very rare occurrence. The symptoms by which this disease is characterised are as follow:—Some weeks after the chancre has healed, the patient experiences in the evening a sensation of pain in the bone, which is afterwards the seat of the node. This pain does not immediately produce a swelling, but, in the course of a few days, a swelling appears in the evening, which disappears again on the following morning. It is excessively tender and painful in the evening, but in the morning it is hardly perceptible, there is scarcely any swelling or tenderness. At this time the periosteum only is affected, but when the inflammation has continued for some time longer the bone is affected and soon becomes enlarged. I shall send you round two preparations in which you may observe the thickening of the periosteum, and the enlargement of the bones produced by syphilis. The first effect is an

inflammation of the periosteum, but in a short time a deposit takes place between it and the surface of the bone; this deposit is, in the first instance, only a serous fluid, but a cartilaginous substance is soon secreted, which is gradually converted into bone. Though, in the first instance, therefore, there is only an inflammation of the periosteum; the fluid secreted in consequence of this inflammation is soon converted into an ossific enlargement. The treatment of this disease is not different from that which is necessary for the other symptoms of syphilis. Give the blue pill united with opium; the compound decoction of sarsaparilla is sometimes added with a view of preventing any disposition to irritability in the diseased part. This, however, is not necessary: the blue pill with opium will be sufficient to effect the cure. As to any local treatment no other will be necessary, except the simple application of evaporating lotions, which certainly assist in getting rid of inflammation. When the inflammation has ceased, if there is any enlargement of the bone, a stimulating plaster, as the *emplastrum ammoniaci cum hydragree* should be employed.

There is on the table a great variety of preparations, exhibiting specimens of nodes, which will be worth your examination after the lecture. The skeleton on the table affords a curious illustration of the effect produced by mercury on the bones. Though the treatment of nodes, when attended to early, is very simple, cases sometimes occur in which considerable difficulty arises. You will sometimes find a considerable quantity of serous fluid fluctuating between the periosteum and bone. When this fluctuation is unaccompanied with inflammation and redness of the skin there will be no necessity to cut down upon the bone; if you do so, you will run the risk of producing exfoliation. Such a fluctuation as this, may be removed by adding a little to the influence of the mercury. I have seen large accumulations of serum in the forehead, and shin-bone entirely absorbed by giving an additional quantity of mercury, and assisting absorption by the application of a blister. When the fluctuation, however, is accompanied with an appearance of redness in the skin, and much pain in the part, indicating the existence of matter, it will be impossible to

promote absorption by any means and the sooner an incision is made on the bone the better. The exfoliation which will afterwards take place, will be proportioned to the extent of surface laid bare, and if you delay making the opening till the extent of surface affected is very considerable, you will only be adding to the evil. As soon, therefore, as you discover a fluctuation, accompanied with redness of the skin, make an incision for the purpose of discharging the matter. Very extensive exfoliations sometimes follow the opening of nodes, and the life of the patient will be in danger. Many persons die from this cause; there is in the college, a very fine specimen taken from a person who died in consequence of the exfoliations which followed the opening of nodes in both his tibiae. The flat bones are sometimes the subject of syphilitic symptoms; that which is more commonly affected than any other, is the os frontis. The symptoms are the same as those of nodes on the shins. The patient has pain, and swelling in the evening, which last till two or three o'clock in the morning, when they disappear. This continues day after day until an enlargement of the bone

is produced. Nodes now and then occur in the parietal bones, very rarely in the os occipitis, and never in the os temporis, that bone being much covered by muscles, and exposed to very little change of temperature. The os frontis which is the most exposed of the bones of the head, is that in which the disease is most frequently seen. It sometimes happens when this disease attacks the flat bones, that it is attended with a very considerable tumour and fluctuation. No incision should be made, under such circumstances. Now and then, indeed, the suppurative process takes place, and a most serious disease is the result. When the skin is inflamed and matter is formed beneath, it will be right to discharge it. It often happens, when matter is formed on the surface of the bone, that the suppurative process also takes place, between the dura mater and the internal part of the skull. Death sometimes ensues from this cause; but fatal consequences may often be prevented by trephining the patient. A patient in the other hospital had a node on the os frontis which suppurated; the matter was discharged but some time after the patient complained of violent pain in the

head, which was succeeded by coma, so that there was no doubt in the mind of the surgeon of the hospital, that the patient was the subject of pressure on the brain. The surgeon determined to trephine him, and on raising a portion of exfoliating bone a quantity of matter directly issued from beneath. The old surgeons were in the habit of perforating the bone, for the purpose of discharging the matter formed beneath. The best mode of saving the life of the patient, however, is to apply the trephine, and by taking out a portion of the exfoliating bone, give immediate relief to the brain, by removing the pressure produced by the matter formed between the dura mater and the bone. There is a specimen on the table, taken from a case in which the operation was successful. The man died many weeks after the operation in a comatose state, and upon examination after death, it appeared that matter had formed under the sagittal suture, which pressed upon the brain, and was the cause of death.— He was relieved by the first operation, and he would probably have been relieved again by similar treatment, but there was not sufficient evidence of

the existence of matter to justify a repetition of the operation. Whenever you are called to a case, in which exfoliation of the bones of the skull is accompanied with symptoms of pressure on the brain, you may infer that matter has formed between the dura mater and the bone, and it will be right to apply the trephine. This observation applies not only to cases of syphilitic disease, but to all cases of exfoliation of the bones of the skull, accompanied with coma. Here is a skull (*exhibiting it to the class*), originally affected by syphilis; see, gentlemen, what a lantern it became. The subject of this disease died, as I believe, chiefly from the injudicious continuance of mercury. He was a man of bad constitution, and there was great difficulty in curing the primary symptoms of the disease. He had subsequently a node on the forehead, which was followed by inflammation and supuration of other parts of the head, till the ulcerative process extended over the whole surface. He died ultimately of anasarca. It can scarcely have escaped your observation; that patients applying for admission to the hospital, frequently com-



plain of having pains all over them. They will tell you that they have pains down their arms and legs, which become worse at night when they are warm in bed, and that they have formerly had some venereal complaint, for which mercury has been given till the mouth has been rendered severely sore. If you ask them whether they were exposed to cold during the time they took the mercury, they will answer in the affirmative. Such persons, gentlemen, we do not admit into the hospitals; we only tell them to take care of themselves, and to keep themselves as warm as possible, and that after a time the disease will disappear. These pains are readily distinguishable from those which proceed from the syphilitic poison. Syphilitic pains commonly attack the shins, but they never put their hands to this part of the body. They complain of pains from the upper to the lower part of the arm, pains about the chest and about the hips. These are mercurial, not venereal, pains. You have an opportunity of seeing an example of this disease in the skeleton on the table, in which the mercury has affected

the ribs, the sternum, the tibia, and in short almost every bone in the body. A deposit of earthy matter is formed between the periosteum and the bone, so as to case the surface of the bone. Patients suffer exceedingly from mercurial diseases of the bones, much more indeed than from syphilitic pains. You should direct them to pay strict attention to temperature, and give them the compound decoction of sarsaparilla. This plan of treatment will be sufficient for the cure of this disease. I shall in the next evening's Lecture close the subject of syphilis by some general remarks on that disease.

*Continued in the*

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#### 'HOLE AND CORNER' SURGERY AT ST. THOMAS'S HOSPITAL.

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A very slender portion of common sense might have enabled any man to foresee that the attack made on the Press by the Champions of "Hole and Corner Surgery," would not only be perfectly abortive, but that it could not fail, in its consequences, to prove most injurious to the reputation and interests of the assailants. What is the situation in which the

"Champions of 'Hole and Corner Surgery' at St. Thomas's Hospital now stand? They have separated themselves from their professional brethren; they have virtually dissolved the union which subsisted between the two Hospitals: after endeavouring in vain to procure the co-operation of the surgeons of Guy's Hospital, they have had the intrepidity to come single-handed into the field, and if they have not succeeded in their attempt to gag the press, and suppress the publication of Hospital cases, it is to their imbecility and not to any want of zeal in the cause of 'Hole and Corner Surgery' that their failure is to be ascribed. It is singular that men, who on most occasions have so keen an eye to their own interest, should in the present instance have used so much diligence to accomplish their own degradation. All the arguments, if they can be so termed, which have been urged in favour of the concealment of Hospital practice, are founded, not on views of general utility, but views of what are supposed to be the private interests of the operating surgeons. Before we advert to any of these arguments, let us consider in the first place

what will be the probable effect of an avowal, on the part of the surgeons of a particular Hospital, that they are anxious to conceal from the public the surgical practice of that Hospital, and that they will endeavour, by every means in their power to suppress the publication of the cases, which come under their superintendence. It cannot escape observation, that there are two classes of surgical operations, namely, successful and unsuccessful; and that it is only to the publication of the unsuccessful that the 'Hole and Corner' Surgeons object; because, we apprehend, it is quite evident, that, much as these men hate and dread the Press, they would never have avowed their hostility, or made any direct attack upon it, if all their successful operations had been regularly published, while all their unsuccessful operations had been uniformly suppressed. The obvious conclusion, therefore, which the public will draw from the conduct of the champions of 'Hole and Corner Surgery,' is, that the number of unsuccessful operations, and of cases unskillfully treated, bears such a small proportion to the successful cases, that the surgeons of

St. Thomas's Hospital are anxious to conceal from the public eye the general surgical practice of that Institution. We will not at present stop to inquire how far such a conclusion may or may not be justified by the actual state of the practice of St. Thomas's Hospital; it is sufficient for our present purpose to shew that it is a conclusion fairly, and indeed necessarily drawn from the premises supplied by the weak and injudicious conduct of the Champions of 'Hole and Corner Surgery.' If the recent attack on the Press had succeeded, the assailants would still have committed suicide on their own reputations, for the public will not fail to appreciate the talents of the Surgeons of a public hospital, who endeavour to conceal from them the knowledge of what passes within its walls. The attack, however, was as impotent as it was injudicious; the surgeons of St. Thomas's Hospital are wholly divested of all power; they have not the smallest influence or authority in that institution, beyond the discharge of their chirurgical functions; and even in the exercise of these functions, as we stated in our last number, so little confidence is placed in their

ability or discretion, that they are not allowed to prescribe a second time for a patient without the sanction of a physician. They have committed the double folly therefore, of exposing themselves to the mortification of a ludicrous defeat, and of diminishing the public confidence in the skill with which the surgical department of St. Thomas's Hospital is conducted. So much for the effect of this judicious plan of operations against the Press, as it respects the reputation and interests of the three NINNYHAMMERS themselves.

Let us now advert to the *arguments* which have been urged in defence of a system of 'Hole and Corner Surgery.' All these *arguments*, as we before stated, put views of public utility entirely out of the question; they are addressed exclusively to the prejudices of, we trust, a very small part of the profession: they consist, almost entirely of appeals to the passions, and pecuniary interests of the surgeon. Thus the *youth* of the surgeon is made a ground for not giving publicity to his unsuccessful operations; a young surgeon's professional prospects may be ruined, it is said, if his failures are blazoned forth to the public.

All we have to say in answer to this objection is, that if a young man is elected to fill the office of surgeon to a public hospital, the public have a right to know in what manner he performs his duty. If the objection be urged as an *argument* against publicity, this, we apprehend is a sufficient answer; if it be taken as an appeal to our compassion, then we reply, that there is a compassion due to patients as well as to surgeons, and that if the reputation, or finances of the latter plead for suppression, the safety of the former calls imperiously for publicity. Mr. GREEN may, for aught we know, continue to employ his leisure hours in the 'pursuit of butterflies' and the 'elevation of paper kites;' certainly his recent lectures would induce us to suspect a persevering attachment to those pleasing pursuits; but we can assure him, that we shall not be restrained by any considerations of his youth or infantine propensities, from faithfully recording all the operations, unsuccessful as well as successful, which he may perform in his capacity of surgeon to St. Thomas's Hospital. Again it has been gravely said "that no man can command success in surgical

operations, and if a surgeon fail from want of dexterity, he suffers mortification enough, Heaven knows, in the operation room, without being put to the cruel and demoniacal torture of seeing the failure blazoned forth to the public." This delectable argument was put forth by a worthy apologist of the "Hole and Corner" system, to wit, our old friend Dr JAMES JOHNSON of the Medico-Chirurgical Review. It will be seen that in this, as in all the arguments of the "Hole and Corner" people, public utility is put entirely out of the question; the suffering and destruction of the patient go for nothing, and it is only the mortification endured by the Surgeon, from the consciousness of his own ignorance, which excites their sympathy and commiseration. "Heaven knows," says this pious apologist, "an Hospital surgeon who destroys a patient from want of dexterity—for this is the supposed case—suffers mortification enough in the operation-room, without the cruel and demoniacal torture of seeing his failure blazoned forth to the public!" This is about the most impudent apology for ignorance we have ever encountered; it is an *argument* truly

worthy of the cause in which it is enlisted, and we willingly leave the Champions of "Hole and Corner" Surgery in possession of all the benefit they can derive from it. If the enemies of the Press deem it "cruel and demoniacal" to publish cases in which patients have been destroyed by the surgeon's ignorance, they are of course strenuous advocates for the suppression of cases, in which the surgeon may be said to be rather unfortunate than unskilful. The ablest surgeon, for instance, may be mistaken as to the existence of stone in the bladder, and if a particular surgeon should have been so unfortunate as to perform the operation of lithotomy in several instances, where no stone was to be found in the bladder, the publication of an additional case, in which the same misfortune should occur to him might undoubtedly operate greatly to his prejudice, and seriously affect his reputation for professional skill in that particular branch of surgical practice. This is not an hypothetical case; at St. Thomas's hospital, a surgeon has certainly had the misfortune to perform the operation of Lithotomy on persons, who had no stone in the

bladder, in several cases, and he has therefore a strong interest in suppressing the publication of all future cases in which he may be equally unfortunate. The last case of this kind was one in which, as many of our readers will recollect, the most diligent search for a stone was made by the operator, by his assistants, by his dressers, and by many of the assembled students without success; fortunately, however, a stone was produced on the following day by the night nurse, who found it in the identical vessel which had been repeatedly examined and emptied by the aforesaid persons immediately after the operation! Whether this is to be regarded as a fortunate or unfortunate case we do not pretend to decide; the subsequent finding of the stone by the night nurse, was no doubt disbelieved by many persons, and we confess, that considering it as a question of evidence, it has a very suspicious appearance. We maintain, however, that whatever effect the publication of this, or any other unfortunate operation may have on the reputation, or pecuniary emoluments of an Hospital Surgeon, the interests of the individual cannot for a moment be

put into competition with the benefit which the public derives from a knowledge of the manner in which he discharges his public duty, and of the results, whether successful or unsuccessful, of his surgical operations. If the average of his misfortunes be much greater than that which falls to his professional brethren, he must of course abide by the consequences, and he has no right to complain. For our own parts we are as little disposed to give indulgence to the plea of ill-fortune in Surgery, as in any other professions or pursuit,

*Nullum numen abest, si sit prudentia,  
sed te,  
Nos facimus, fortuna, deam.*

Our limits prevent us, at present, from entering into another very important question connected with this subject, namely, the virtual disunion, produced by the recent conduct of the Champions of "Hole and Corner" Surgery, between the hitherto united Institutions of St. Thomas's and Guy's hospitals.—We shall resume this subject in our next number.

## CHEMISTRY.

In our last number we stated that a body, however combustible in itself, would not burn without the presence of a supporter of combustion; we may make the same remark in regard to the supporter; it will not burn without the presence of a combustible body; in fact a supporter of combustion is, not inflammable under any circumstance and although in appearance sometimes seems to burn, yet it is a well substantiated fact that this is never the case.

Oxygen gas is the most powerful supporter of combustion known, and under common circumstances, is the only one. Into a jar of oxygen gas introduce a wood match, just visibly red and it will instantly kindle into flame; a taper will be relighted if plunged into oxygen while the wick remains glowing red. These are common experiments which prove the power oxygen possesses of supporting combustion, for in both these cases the process of combustion is so much increased by the presence of pure oxygen that flame, which is the most intense state of combustion, is instantly effected. If iron or steel be heated

ted *white* hot and introduced into oxygen, so great is its power of supporting combustion, that the iron will burn with the greatest brilliancy. A very beautiful experiment may be made by heating a steel file *white* hot and suddenly plunging it into a jar of oxygen, it will scintillate in the most pleasing manner while burning in the gas, and throw off sparks, so intensely hot, that they will melt the glass where they fall in the vessel; and will be found after the experiment sunk firmly into the sides and bottom of the jar. Although oxygen is such a powerful supporter of combustion, yet the above experiments prove, it will not itself inflame; nor is it combustible, for if this were the case it would take fire on plunging a lighted taper into it and be instantly consumed. The atmosphere contains about a quarter part of oxygen gas in its composition. The adulteration of the remaining three parts, which are nitrogen, acts *mechanically*, in preventing the rapid contact of the oxygen with the combustible body when it is imperfectly supported by this mixture, and hence the reason why a body burns so much more rapidly when introduced into pure oxygen.

This opinion is in opposition

to modern doctrines, and were we not borne out by experiments, however strong our private opinion might be in its favour, we should hesitate to give it to our readers. Facts crowd upon us daily in support of our opinion. We will mention one in this place, which of itself is conclusive, as far as our present subject is concerned; heat an iron or steel rod *white* hot, as if you were about to introduce it into a jar of oxygen gas as above described, instead however of plunging it into pure oxygen, mechanically force a current of atmospheric air upon it so powerfully that the particles of oxygen which that current contains may be brought in contact with the iron as fast or as rapidly as the iron can combine them; by this means you overcome the ordinary mechanical effects of its adulteration with nitrogen; and the result is, that the iron will commence burning with as much brilliancy as if it was placed in a vessel of *pure oxygen*, and continue to do so until it is all consumed. —A strong current of air from a pair of double bellows will answer the purpose of the experiment; it is a highly interesting one, and certainly gives us more insight into the real nature of combustion, or rather certain inflammable temperatures than any we remember to have made.

## Foreign Department.

*Observations and Considerations on the obliteration of the Veins regarded as a cause of Dropsy.* By M. J. BOUILLARD.

On a former occasion I endeavoured to prove by numerous facts that the greater part of those dropsies called *passives*, the cause of which authors attribute to a *general debility*, to *atony* of the lymphatic vessels, in reality depended on obstruction to the venous circulation. I related cases in which dropsy of particular parts corresponded with an *obliteration of the veins* of those parts. I shewed that partial dropsies could not be explained by admitting the common opinion of their cause; and also, that their production might on the contrary be easily conceived according to the theory which I proposed. In fine, how is it possible to conceive a local dropsy, and adopt the opinion of those who think that passive dropsies are produced by a general debility? According to the view which I have taken of the subject, the cause of local dropsy is also local, and consists in a want of power of the venous system of the part affected to absorb the serum. To give my ideas the force of truths, I must support them by facts carefully recorded; but I proved, by my own observations and those borrowed from others, 1. that in cases where there was *oedema* of the lower extremities, there existed an *obliteration of the veins* of those parts.

\* *Archives Gencrales*, May 1851.

2d. That the obliteration was confined to one limb, when that limb only was attacked with dropsy. 3. That the obliteration of the *vena porta* produced a perfect ascites, which will be readily understood on reflecting that the *vena porta*, independently of the venous system generally is to the peritoneum and the greater part of the abdominal organs what the femoral veins are to the lower extremities, and consequently that the cause of this ascites was absolutely the same as that of the leucophlegmasia.

When I published my former paper, I did not possess any case which was fit to prove that the oedema of the superior extremities could be caused by the obliteration of their principal veins. I am more fortunate at present, I will relate four.

### CASE I.

[Drawn up by M. LEBIDOIS, M.D., at Caen.]

BLANCHER, thirty-two years of age, laundress, of a strong constitution, perceived in the summer of 1820, that her respiration gradually became short; after the slightest exercise she lost her breath, and that she could not sleep without the head being elevated. In the winter of 1822, she had an attack of apoplexy, the effects of which soon disappeared of their own accord. In the following spring she had a fresh attack; the symptoms went off after eight days, but signs of disease of the heart manifested themselves, and the patient was admitted into the *Hôtel Dieu* of Caen towards the middle of the summer 1823. Notwithstanding the employment of bleeding and other proper remedies, the woman's condition became worse and she quitted the Hospital on the 26th of September. But she returned in a much worse state on the 10th of the following October. At this time the oedema was very considerable, not only the abdomen, the lumbar and the sacral regions, &c. but also all the right side of the chest,



neck and face, were swollen to a high degree; the right clavicle had disappeared under the swelling; on the left side there was no oedema: jugular veins constantly swollen, dyspnoea very severe. The patient was put under the treatment that was thought best calculated to relieve the symptoms, but without any benefit, and the patient died on the 24th of October, 15 days after her admission into the hospital. M. LENOIR remarked that the swelling of the abdomen, of the right side of the chest, face and neck increased to a considerable size, without any similar appearance being manifested on the corresponding parts of the opposite side.

*Examination of the body 24 hours after death.*

A great quantity of serum was found in the abdomen, and also in the pericardium; the heart was about three times as large as the patient's fist. The right subclavian vein adhered to the first portion of the sternum, to the clavicle, and to the soft parts in the neighbourhood, by means of a white dense cellular tissue; this vein, at the point of junction with its fellow to form the *vena cava superior*, was hard, thickened and formed a sort of cord of the thickness of the little finger; its parietes were thick, dense, white, nearly similar to those of an artery of the same calibre; its interior was obstructed by a solid fibrinous clot adhering to the surface of the parietes. All the veins which emptied themselves into the obliterated subclavian were hard and swollen, particularly the internal jugular, which was enlarged and an inch in thickness; the interior of these vessels to the distance of some six inches from the heart, with the exception of the internal jugular, was filled by a thick, long, fibrinous clot, at the upper end of which were some black clots of a gelatinous consistence, and which diminished in size, in proportion as they were separated from the first. A silet introduced from above, downwards into the diseased subclavian penetrated without difficulty through the softened centre of the clot, although there was no distinct canal; below this obliteration, the *vena cava superior* was of its usual size, and the left subclavian freely communicated with it.

In this case, it is clear that the oedema extended only to the

part, in which the veins were obliterated. The right, side only of the neck and face was swollen, a very remarkable phenomenon, but which is easily explained by the obliteration of the internal jugular, and all the veins which empty themselves into the obliterated-subclavian.

CASE II.

(*Drawn up by M. SENN.*)

A young girl, æt. 18 years, of a strong and vigorous constitution, had suffered for the last two years, pains in the right shoulder, when she was admitted into the *Hôtel Dieu*, 19th of July 1820; there was on the right shoulder an indolent tumour of the size of a nut. This girl, refusing to submit to the operation, which was proposed by the chief surgeon M. DUPUYTREN, soon left the institution, but she returned on the 22nd of October 1822.—Her general health at this time did not appear much deranged. The tumour had acquired the size of the head of a full grown foetus, and occupied the posterior and external part of the shoulder and arm, extending from the acromion to the insertion of the deltoid, and from the outer ridge of this muscle to the fossa infra spinata. Another tumour which appeared to communicate with the first was situated in the hollow of the arm pit, and extended under the pectoral muscles, which it raised. The following are the principal circumstances which were observed:—the arm (right) was swollen and painful; the patient expectorated a great quantity of dark coloured blood, for which she was bled. This did not arrest the hæmorrhage, and the patient died on the 18th of November about six weeks after her admission.

*Examination of the body after death.*

Face, neck and superior extremities, particularly those of the right were swollen. The right aricle was nearly filled with a clot of a gelatinous consistence, and containing in its centre vesicles, and traversed in every direction by minute vessels injected with a deep red, or black. This polypiform concretion reached to the *vena cava superior*, subclavian and right jugular, and was connected in some degree with their parietes, which were very much dilated. Its adhesions terminated at the opening of

the vena cava into the auricle; here this substance had no connexion, it extended through the right auriculo-ventricular orifice into the corresponding ventricle. The right axillary vein was also obliterated. The opening of the vena cava inferior was not in the least obstructed, the pulmonary artery was also free, and moreover perfectly healthy as well as the left side of the heart and the aorta.

In this interesting case, as in the preceding, it is seen that the swelling attacked the part in which the veins were impermeable. The opposite limb was also slightly oedematous, which may be easily conceived, since the vena cava superior itself obliterated, could neither receive nor transmit to the heart the blood of the veins of this limb, a circumstance equivalent to a certain point, to the obliteration itself of these veins.\*

These new cases will, I hope, carry conviction to the minds of those who may still entertain some doubts as to the truths of the ideas which I have proposed relatively to the etiology, or if they like, to the physiology of dropsies called *passives*. As for the old doctrine, on the cause of these complaints (*debility, atony of the lymphatic vessels*), it is evidently inadmissible. It is moreover, no explanation of a disease to assign these as causes, for the words, debility, atony, before they are used to explain phenomena, have great need to be explained themselves; as to employ them as a means for the solution of a problem, is only to substitute *incognitum pro incognito*. But it will be said that the

proposed theory is founded on hydraulic principles; what matter if it is? provided that it is the expression of facts and observations. It has never been attacked by any solid objection. Some physicians to whose scrutiny this opinion has been submitted, pretend that the dropsies attributed by me to an obstruction in the venous circulation, may also be accounted for by an analogous obstacle existing in the lymphatic system. This is only an hypothesis which must be proved by facts. But the least reflexion is sufficient to see on what slender grounds this hypothesis rests. Indeed, the liquid which constitutes dropsy is not lymph, if it was, physiologists would not complain that they could only collect a few atoms in their observations; since in some cases of ascites they might obtain gallons; moreover, in the ascites which I attribute to an obliteration of the vena porta, the lymphatic vessels had undergone no compression, were perfectly free; dropsy then cannot be considered as the result of an impediment to the circulation of the lymph! This is sufficient to refute an objection which really does not merit a serious attention.

In the investigations which I have made since the publication of my first paper, I have seen several passages favourable to the opinion which I was seeking to establish. Thus MORGAGNI, in his forty-third letter on the causes and seat of disease, accounts for hydrocele by an obstruction in the course of the blood of the spermatic veins. Thus Mr. HOGSON, in extensive tuberculous affections of the lungs, has found

\* M. BOUILLARD gives two other cases but they are nearly similar to those which are here inserted.

the branches of the pulmonary veins filled with coagulum, which may explain some cases of hydrothorax. In a paper on *phlegmass dolens* by Dr. DAVIS,\* this physician has shewn, that this disease, consisted in an inflammation of the crural veins, the interior of which, full of coagulated blood and pus, could not carry on the circulation of the parts, giving rise to oedema of those parts. In fine, in the classical work of PROFESSOR BECLARD on *Anatomie Generale*, I perceive that this celebrated anatomist had often met with considerable infiltrations corresponding to obliteration of the veins. The same author adds that this phenomenon is not constant. But this circumstance does not invalidate our position. We know, that the venous as well as the arterial circulation may, by a collateral circulation, be established, when the principal trunks have ceased to be permeable, so that the exception far from weakening, only strengthens the general law that an obstruction to the venous circulation is followed by dropsy more or less considerable according to circumstances.

*Dissertatio Medico-practica Inauguralis de Sulphate Chininum, quam pro gradu Doctoratus in Academia Lugduno-Batava, publico examini submitit, J. K. VAN MAAREN.*

An inaugural practical Dissertation on the sulphate of Quinine, submitted to examination in the University of Leyden, for the degree of Doctor of Medicine, by J. K. VAN MAAREN.

[From Hufeland's Bibliothek der Practischen Heilkunde.]

We shall present our readers

\* Lecturer on Midwifery at the Borough.

with a short analysis of the contents of this dissertation.—As the author confines himself to a practical view of the subject, he does not enter into any details on the pharmaceutical preparations, or the chemical properties of Quinine. The method, which he observes is analytical; he divides the subject into two sections, the first of which contains the history of the cases, and the second the conclusions and results. The number of cases amounts to 45, the greater part of which were communicated to the author by his father, a distinguished practitioner at Amsterdam. He had himself, however, an opportunity of witnessing many cases at the hospital at Berlin, which afford the strongest testimony in favour of Quinine. The second section is divided into seven chapters, in the first of which he considers how far the sulphate of Quinine possesses equal efficacy with cinchona;—2dly, how far the cinchona is preferable to Quinine; 3dly, how far Quinine is preferable to the bark;—4th, whether the same rules are to be observed in the exhibition of bark and Quinine;—5th, what is to be observed with respect to the doses of Quinine;—6th, which is the best form of medicine, in cases where equal results may be expected from the bark and Quinine.

With respect to the cases, the author commences with quotidian fever, seven cases of which are given in which the Quinine proved successful. Most of these had continued fourteen days and upwards. Among them we re-

marked one that fell under the observation of the author, which commenced after acute rheumatism in a young man, twenty-three years of age, and which was subsequently complicated with cramps, trismus, tetanus, risus sardonius, and other convulsive symptoms. The form of this fever was at first the *quotidiana duplex*. By the use of the bark, which, however, the patient's stomach soon rejected, it became a simple quotidian, the paroxysms coming on regularly in the evening.—After the cinchona in substance, opium, and clysters of cinchona had proved ineffectual, the patient took the sulphate of Quinine in doses of three grains every two hours, together with five grains of pure opium before each paroxysm, and a warm bath during it. By these means the fever was postponed for several hours, the rigors ceased, and only the spasmodic symptoms remained. The following paroxysm was limited to a trifling spasmodic affection of the tongue; by continuing the Quinine, and opium in smaller doses, all the symptoms soon disappeared, and the patient was discharged from the hospital completely cured. In this case the Quinine effected a cure, where the bark was incapable of effecting it. Our author gives twelve cases of tertian fevers, four of which came under his own observation at the hospital; the others were communicated by his father.—Among these, we observe the case of a young man, twenty-four years of age, whose fever had continued nine weeks; eme-

ties, cinchona, and various other remedies having been employed without effect. Two powders of the sulphate of Quinine, containing each three grains, and taken immediately before the paroxysm, checked the fever almost immediately, and the patient soon recovered. In another case of a woman, forty years of age, in which the fever had continued several months, and had been treated unsuccessfully with bark and other remedies, the Quinine and the cinchonine also proved unsuccessful. This patient afterwards went into the country, and got well without any other remedy. The Quinine given repeatedly in large doses was also unsuccessful in the case of a maid-servant, twenty years of age, who had laboured under a tertian for ten weeks. The author gives three cases of quartan fever, which were all cured by the Quinine, as were also two obscure intermittents, *febres intermittentes larvatae*. The first attended with daily recurring pain in the head, required in the whole thirty-four grains of the sulphate of Quinine, together with two grains of opium to complete the cure. Continued remittent fevers follow next in order, most of which being of a nervous character, and combined with constitutional debility indicate the exhibition of tonic and corroborating medicines. In seven of these cases, the Quinine was of the greatest service in subduing the fever, and restoring the strength of the patients. In one case of puerperal fever, where it was tried experimentally in the lat-

ter stage of the disorder, it did not prevent its fatal termination. Six cases of pthisis pulmonalis and hectic fever are given.—In most of these, as was to be expected, the Quinine was unsuccessful; it had the effect, however, of greatly mitigating the symptoms, and in two cases the patients were by its use restored to health. In many cases of debility, the Quinine proved extremely efficacious. The author concludes this part of his dissertation with two cases, one of *fluxus uterinus*, and another of *fluor albus*; the former of which was cured by the Quinine; in the latter it produced no good effect. The second section is devoted to the conclusions and results, derived from the foregoing cases. In intermittent fevers of every kind the author attributes the same efficacy to the Quinine as to the bark, those of the most malignant character not excepted. In continued remittent fevers, where the bark is often employed with advantage, the Quinine has proved equally efficacious. It has been given with the best effects in low fevers, attended with wasting of the body, but without ulceration of the lungs. In pthisis it does no harm; on the contrary, it mitigates the symptoms, and improves the general condition of the patient. As a tonic and corroborant, the author gives the preference to the bark; the Quinine, however, is a very convenient form of the medicine, where the patient's stomach cannot bear the bark in substance. The author gives a

very interesting case, communicated by Dr. VAN KOLE, of Amsterdam, in which a woman fifty years of age, the subject of ascites, and anasarca, accompanied with swelling of the liver, pain in the right hypochondriac region, and tertian fever, was cured by the sulphate of Quinine and the oxymel of colchicum. In ten weeks this woman was able to leave the hospital. In general, the same rules should be observed in the exhibition of Quinine, as in that of cinchona. The minute bulk of the former, however, renders attention to the stomach and bowels of the patient less necessary; purges or emetics before its exhibition are seldom required. The dose is from one to three and six grains; among the various forms in which it is given, the author prefers the powder.—With respect to the expense of this remedy, the dose of the Quinine is so minute, that it can scarcely be considered a dearer medicine than cinchona.

#### ARTIFICIAL CASTOR OIL.

One drop of the oil of Croton, mixed with an ounce of the Oleum Papaveris forms a preparation very nearly resembling castor oil, and a table-spoonful of one will produce the same effects as a table-spoonful of the other. The mixture has been used with great success in our hospitals, and, as castor oil is so dear, we strongly recommend the general adoption of this substitute. — *Hufeland's Journal der Practischen Heilkunde.*

## HOSPITAL REPORTS.

## GUY'S HOSPITAL.

June 22.—F. P. æt 38, of a florid complexion, light hair, was admitted into Luke's ward on May 26th. He had worked in a wine cellar in the city as a packer and sometimes as a porter. Has had a stricture nearly six years, which he attributes to a bruise of the perineum, from a fall whilst carrying a hamper of wine on his back; he fell with his thighs widely separated. He has had difficulty in making water more or less since that time, but could always pass it better after having drank freely. He applied to a surgeon who passed a bougie a few times but did not remove the stricture. About ten days before his coming to the hospital, he felt more pain than usual in the perineum, and putting his finger on the part, felt a small swelling there; the swelling daily increased in size, he became alarmed, and on the day before he presented himself for admission, he felt a swelling in the lower part of the scrotum, which very much increased on his attempting to empty the bladder, which he could only do *guttatim*. On his admission, a catheter was introduced into the urethra, but could not be passed beyond the strictured part. The necessity of making an incision into the part immediately was pointed out, but he would not consent to the operation. He lay with the extravasation increasing; the perineum greatly distended, the scrotum almost transparent, and the pain excessive. The constitutional ir-

ritation was very great, and the inflammation proceeding rapidly through the parts in which the fluid was lodged. When Sir A. COOPER came on the Friday following his admission, he saw the patient and told him the operation was essential to the preservation of the parts, and of his life; that the operation would cure his stricture at the same time that it removed his present disease. He then consented, and was immediately taken into the operating theatre. Sir A. COOPER made an incision into the perineum about one inch and a half in extent, when about one ounce of pus escaped, a catheter was then introduced and continued to the stricture, when Sir A. COOPER made another incision into the membranous portion of the urethra, just behind the bulb, and cutting upwards towards the catheter completely divided the stricture; the catheter was now readily introduced into the bladder and its contents completely emptied by pressing above the pubis. A gangrenous spot was observed on the lower part of the scrotum, about the size of a shilling. The scrotum was pressed firmly between the hands and emptied of a part of the fluid. The catheter was ordered to be worn, and the wound was merely dressed with some lint. He took liq. ammon. acet. with tinct. opii. and passed a pretty good night. He continued this medicine with occasional aperients and went on very favourably; the urine passed almost entirely through the catheter when he wished to evacuate it (the catheter was plugged). A spirit wash with mur. ammon. was applied over the scrotum and perineum for

the first few days, and afterwards a poultice to the slough which separated in ten days; the sore left on the scrotum soon healed and at this time the wound in the perinæum had healed about one half. The tongue moist, the pulse natural, and skin cool. On the evening of June 9th hemorrhage took place from the urethra to the extent of six ounces, the next day there was further hemorrhage, and this continued every day more or less for a week. He was very much reduced by this, pulse was small and quick, and countenance pale, and to talk was a great exertion. He was allowed wine and water, and took an opiate at night with a saline mixture during the day. By this treatment he again improved a little, but the healing process did not go on in the wound as before; the catheter was left out, and introduced three or four times in the day only. Sir A. COOPER saw him again in the next week, and advised a continuance of the former treatment, since which he has been gradually improving, and the wound in perinæo is getting smaller, but the water dribbles through it. A full sized catheter has been introduced and ordered to be worn, and to-day Sir A. COOPER ordered him carb. sodæ 3 ss opii gr. j ter die sumend. as he conceived his bladder to be in an irritable state; a light dressing of simple ointment to be put on the part.

(To be continued.)

H. T. æt. 28, of dark complexion and dark hair, was admitted into Mathias' ward May 12. She had been an out-patient at Guy's several weeks previous to her ad-

mission, having a very large bronchocele. She was very nervous and irritable, and had met with a disappointment in a love affair, which had very much influenced her spirits. If suddenly spoken to, or if the swelling was handled however gently, she would at times fall into a fit of crying, or fall on her bed as if exhausted. She said it had been forming two years, but that it had rapidly increased within the last eight months. It extended across the neck, but the principal enlargement was on the right side, and extended as far as the cornu of the os hyoides and under the edge of the sterno-cleido mastoideus, which it had thrown considerably to the outer side of the neck. It was firmer than such swellings usually are. Her countenance was almost livid; her eyes appeared ready to start from their sockets; she had frequent attacks of vertigo, and noises in her ears, and generally a dull heavy pain in the head. Symptoms easily referred to the mechanical impediments furnished by the tumor to the free descent of the venous blood. She swallowed with great difficulty. While an out-patient, she took the Tincture of Iodine and used the ointment, and she continued them for about a month after her admission; taking grs. xv Tr. Iodine ter die; and ungt. Hydriod. Potassæ in the proportion of 3 ij of the hydriodate to 3 i ungt. cetacei. nocte maneque. She took also gr. xx Tr. opii at night. But the Iodine appearing to increase the irritability of the system, and having little or no influence on the part, it was exchanged on the 19th for an ointment, containing equal

part of ung. hydr. fort. and ung. ant. tart. which was continued about eight days, without diminishing the size of the tumor. On the 20th she was ordered the Julapeum ammoniac (a form used at the hospital, containing liq. Am. Acet. Mist. camphor, &c.). On the 4th of June, being very restless, skin hot and dry, she took mist. salin. quartis horis. But the difficulty of swallowing increasing, and the vessels of the head becoming more congested, Mr. Key recommended the operation as the most likely mode of affording her relief. Sir Astley also saw her, and considered her a very fair case for the operation, although a very irritable subject. On June 11th, Mr. Key secured the superior thyroideal artery of the right side. He commenced the incision just opposite the cornu of the os hyoides and carried it downwards about  $1\frac{1}{2}$  inches on the inner edge of the sterno mastoid muscle; on the inner edge of this incision, passed a large vein which appeared to be the principal external Jugular, and which very much embarrassed the after-steps of the operation. This incision only divided the integuments and cellular membrane and exposed the platysma myoides which was next carefully divided on a director, to the extent of the former incision; with a director he next separated the connecting cellular tissue, towards the origin of the artery, and now the principle inconvenience from the vein before alluded to was experienced; it was obliged to be held to the inner side of the wound by an assistant. The artery was at length found, but there was great difficulty in passing the ligature under

it, as it was so firmly connected to the surrounding structures, and which could only be separated by a director or a very fine probe. The wound was afterwards secured by adhesive plaster. The operation, from the difficulties above mentioned, occupied nearly an hour. She complained of great pain in the part in the evening, and had a very restless night; on the next day the constitutional derangement was unexpectedly great. She was bled ad 3 viij, took some sedative and diaphoretic medicine and was cupped; but on the following day she died. On dissection of the thorax, nothing unusual presented itself. The mucous membrane of the small intestines was much inflamed; the liver was rather hard and of a lighter colour than usual; there were patches of inflammation found on the mucous membrane of the stomach. The Brain was not examined. (As the examination took place in a private house, the friends appeared to wish that it should stop here.)

The accidents admitted this week at Guy's, are, a burnt foot; a contusion of the knee joint; fractured ribs; laceration of the integuments of the lower part of the leg and part of the perine; fracture of the zygomatic arch; fracture of the femur about its middle in a child six years old from falling under the wheel of a light cart.

The only operations performed this week are, the removal of a small steatomatous tumour from the upper eyelid of a child, and dilating a fistula in perine by Sir Astley Cooper.



## CLINICAL LECTURES ST. THOMAS'S HOSPITAL.

June 23rd.—Mr. Tyrrell commenced his lecture to-day by giving the case of the little boy on whom he operated for cataract on Friday. He was admitted for a capsular cataract of the right eye, with a partial opacity of the cornea and total disorganization of the cornea of the left eye. The accident producing these results occurred about three years since, from an explosion of gunpowder, and it is most probable that some foreign body penetrated the cornea and the lens of the right eye, and caused a partial sloughing of the cornea, and an absorption of the lens. Mr. T. before the operation said, that he thought the substance of the lens was absorbed, and his reasons for thinking so were, that the membrane did not appear equally opaque, but the opacity was dense towards the centre, and the Iris, instead of appearing convex towards the cornea, as is generally the case when the lens is remaining, appeared flat so that there was a large anterior chamber. I used said Mr. T. SCARPA'S needle, because you can use more force with it than with the common needle, in detaching the capsule, and it sometimes requires considerable force to separate it from the ligament. The operation was the posterior one, and such as is generally performed for depression. The capsule was freely lacerated, but no lens remained. The belladonna was applied immediately after the operation, and also before it, to keep the pupil dilated. On examining the eye

to-day, an horizontal slit was observed passing through the centre of the capsule, which I think will increase in size. He can distinguish objects held before his eye, and has had very little pain in his head, and has not complained much of his eye. The membranous cataract does not appear to be acted on by the aqueous humour so as to become absorbed. There is a very good example given of this in Dr. FANE'S edition of Mr. SAUNDERS'S work on congenital cataract; the patient was fifteen years of age when the operation was performed, some portions of the membrane were pushed into the anterior chamber, and many years after they seemed to be very little altered in appearance or size. I shall make a few remarks on the hydrocele on which I last operated. The enlargement as is usually the case began in the lower part of the scrotum, and without pain; it was in shape like a pear, its weight was not great, it was clear, and the testicle was posterior to the swelling. The injection used was 3i sulph. zinci to one lbj. of water, but the sympathetic pain in the loins was not felt so soon after injecting the tunic as is generally the case. It was seven minutes after the injecting before he complained of any pain. I punctured the scrotum first with a lancet as you saw, and I think it prevents the separation of the tunica vag. reflexa, and admits with much greater ease the introduction of the trochar. The testicle instead of being behind the tumour is sometimes in front of it; this was the case in a patient in Isaac's ward, on whom I operated about twelve months since. On enquiring into his history I found he had

been operated on some time before, a partial adhesion had taken place, and glued the testicle to the fore part of the sac. The difficulties which usually occur in this operation are, the not being able to empty the sac of the injection, the extravasation of the fluid into the cellular membrane of the scrotum, or from too much inflammation being excited, but this rarely occurs. If you find much difficulty in emptying the tunic of the injected fluid, you must not delay long, but make a free incision into it and let the sac fill up by granulation, or you might sprinkle a little flour or some foreign body into it to quicken its progress. Suspend the part and apply over it a light poultice. Sometimes from previous inflammation an imperfect adhesion takes place, and there are two cysts formed, both these must be injected, one will not be sufficient. Hydrocele may be sometimes difficult to distinguish from hæmatocele, hydatid disease, and fungus of the testicle. The marked distinction between hydrocele and hæmatocele would be, the formation of the tumour suddenly succeeding an injury of the part, whereas hydrocele is slow in progress; but in hæmatocele the shape is irregular, the fluctuation indistinct, and the weight greater; and the same with fungoid disease of the testicle. The disease with which it is most likely to be confounded is hydatid disease, as they are both slow in their progress, and without much pain, both local diseases; but it has not the elastic feel of hydrocele, is not transparent, the weight of it is rather greater, and the fluctuation

less distinct. There were two cases read in which mercury had been used where there had been no symptoms to warrant its exhibition, and disease of the bones have been the consequence. One of the cases was selected from Magdalen and the other from Martha's ward, the symptoms were well described by one of Mr. TYRRELL's dressers, and were very much of the same character as the case given last week. By improving the general health, the disease in both patients is diminishing.

The fresh case given was read by another of Mr. T's dresser's, and was that of a man having a disease of the cancellated structure of the head of the tibia, about an inch and a half below the knee; the patient says he has had a bad knee for twenty years, which happened about that time from a sprain from which he got better; about ten years after he had an abscess form on the part which was opened; he afterwards came into this hospital under the care of Mr. TRAVERS who ordered leeches, blisters, issues, &c. but without affording much relief. The man came in now with the intention of having his leg removed, but this will not be done until the result of the present treatment is known. He can bend his knee a little without pain, but if you strike the head of the tibia with your finger, it gives him great pain, or if the tibia be struck about one third down, it gives him pain to the top of the bone. Mr. TYRRELL has made an incision down upon the bone, applied a nitric acid lotion, in order to assist the exfoliation, and if this does

not succeed, he intends to apply the trephine and remove part of the bone.

The principal accidents admitted into St. Thomas's are, fractured tibia; ditto tibia and fibula; several lacerated wounds brought in from the machinery employed in the new bridge; a butcher's boy, who, in attempting to remove something from a high hook, slipped his foot and was caught by a hook below him in the axilla; the hook tore the integuments from the inner side of the axilla covering the lower edge of the pectoralis major, and through the fibres of this muscle and passed directly across the axilla and came through on the other side, and then he hung by his clothes until some persons came to his assistance. It appeared from a careful inspection of the parts, that the axillary vein and artery had very narrowly escaped being wounded.

The only operations performed here this week, are the operation for capsular cataract and the injecting a hydrocele by Mr. Tyrrell.

#### MIDDLESEX HOSPITAL.

June 15.—We now proceed to furnish an account of some of the most interesting cases that have been admitted into this Hospital during the present month, and which from the pressure of other matter we have been under the necessity of postponing to our present number.

June 5th.—A man was brought here who had been thrown from his horse. He was quite insen-

sible for some time after the accident, but at the period of his admission here had recovered the perfect possession of his faculties. His pulse at this time did not differ in any material degree from the standard of health. Upon examination there was found a slight but painful swelling or ecchymosis over the spine, about the third lumbar vertebra. Six leeches were applied on each side of the injured part, and sixteen ounces of blood were taken from the arm. Some house medicine was likewise administered. The next day he was much better and was discharged a few days afterwards tolerably well and able to walk with the assistance of a stick.

June 5th. James Marsh, set 21, this man who had fallen from a scaffold, was brought here about eleven o'clock this morning, on his admission he was but slightly sensible—his pulse was 64 full and jerking, and rather irregular; his pupils were natural; the right thigh was fractured about midway between the knee joint and greater trochanter; and the patella was a congeries of fragments.—The radius of the left arm was likewise fractured and protruded through the integuments very near the wrist. There was a deep cut over the right orbit; but the frontal bone did not appear to have suffered.

Venesection. ad. 3 xv.

He hallooed and cried lustily the whole of the day—his senses at first did not appear to be much impaired, but afterwards were considerably affected.

6th.—Has been very noisy and restless during the night—and

the restraint of the straight-jacket was thought necessary; symptoms of great irritation may still be noticed, although for an hour or two, he has been tolerably quiet, and manifested some disposition to doze, in consequence of an opiate which was given him:—The following pills were ordered:

R opii gr. ii.

Camphoræ gr. iii.

Antimonii tartarizati gr.  $\frac{1}{2}$  fiat pilula quartis horis sumenda.

Bowels not open; pulse 70 and jerking. It should have been observed above, in yesterday's report that the fractured arm was enveloped in a roller with splints and that the lower extremity was placed in junks and kept cool, with the lotion of acetated ammonia; the latter application was likewise employed to the superior extremity; the wound of the head was dressed with simple ointment.

6th. In the evening; sixteen ounces of blood were taken from the arm; and somecolocynth pills were given him to evacuate the bowels, most of the symptoms already described had suffered a considerable aggravation. The pulse was full and hard.

7th.—No particular alteration, pulse 68 and weak—has been extremely restless and noisy all night—bowels open—skin hot and dry—the former pills discontinued.

R. Calomelanos gr. ii.

Pulveris antimonialis, gr. iii. fiat pulvis ter die sumendus.

R. Liguoris ammoniæ acetatis 3iv.

Misture Camphor 3iss. fiat haustus sextis horis sumendus.

8th and 9th.—No particular alteration.

10th.—Pulse 70 full and rebounding—pupils dilated skin rather dry—bowels well open to day. The patient is quite insensible which prevents a more extensive enquiry into his symptoms.

Hirudines viii temporibus et imponatur emplastrum cantharidis nuchæ.

In the evening he was more quiet, and appeared to doze a little, his skin was also more natural.

June 11th.—To-day he lies in a state almost comatose, excepting occasionally, when he is extremely noisy and restless. His pulse is quick and weak, his skin hot and dry, and his tongue furred. His respiration does not appear to be much affected.

Calomel and antimony as before:

R Liguoris ammoniæ acetatis

Misture Camphoræ aa. 3vi

Spiritus ætheris nitrici 3j

Tincturæ opii m. xxx fiat

Haustus ter die sumendus.

14th.—Lies in the same senseless state, his pulse is 110 and weak, a considerable prostration of vital power may be noticed. His bowels are regular, and his skin is more than usually moist. The same medicines continued.

June 6th.—A woman was admitted with an old inguinal hernia on the left side, which in the present instance had been down about seventy-two hours. After the employment of the warm bath it was reduced by Mr. CARTWRIGHT. She had vomited repeatedly a stercoraceous matter. After the reduction she had the following pills,

**R. Calomelanos gr. iii.**

**Extracti colocynthidis compo-  
siti gr. xv. fiat pilulæ iii statim  
sumendæ.**

And cold lotion was ordered to be applied to the tumour, which after the reduction of the hernia, was as large as an egg. It was, however, quite flaccid, and appeared to consist merely of integument with probably a small portion of omentum.

In the evening, there was considerable pain, and tenderness of the abdomen increased on pressure, nausea and vomiting were also present. An enema was administered.

**June 7th.**—To day the pulse is weak and wiry about 76, tongue a little furred, skin rather dry, has had stercoraceous vomiting during the night, pain in the abdomen, her bowels have been well emptied.

**Hirudines xviii abdomini.**

From this period she had no bad symptoms. The vomiting has ceased, and her bowels are now quite regular. On the 10th, a truss, which she had formerly worn, was put on, and she has since been discharged.

**Sunday, June 6th.**—**FRANCIS BURDETT WADMAN**, **set, 3 years and a half**, was admitted with a compound fracture of the arm, just above the elbow joint. Upon examination it was found that the humerus was fractured through both condyles, and it was the angle formed by the superior fractured portion of the internal condyle that protruded through the integuments. The injury was occasioned by a fall down stairs, but it does not appear that it was followed by any considerable hæmorrhage.

The portion of bone was reduced, the limb was laid in an easy position, and wetted with cold lotion, and some purgative medicine was given him. The next day he seemed to be going on favourably, the wound looked healthy, and was but little inflamed.

**Tuesday, 8th.**—The limb was somewhat more inflamed, and the child's pulse was extremely quick and weak, his tongue furred with skin, hotter than natural. Some saline medicine was given him, and fomentations were ordered to be applied to the arm.

**Wednesday, 9th.**—The arm below the wound was of a dark livid hue, and apparently in the last stage of gangrenous inflammation, terminating in sphacelus. Some antimonial wine was added to the saline draughts, and the arm was occasionally sprinkled with spiritus camphoræ; fomented, and afterwards poulticed. His pulse was extremely quick and weak, and the little patient was listless, was averse to food and did not answer any questions that were put to him by his nurse.

**June 10th.**—Pulse 150 very weak, skin dry, limb covered with vesications, or phlyctenæ, and of an extremely cadaverous odour—listless, stupid, almost comatose. In the afternoon convulsions with oppressed and stertorous breathing ensued, and the fits followed each other in rapid succession. The pediluvium was employed and some leeches were applied to the temples.

**June 11th.**—Died about two o'clock a. m. after having had seven or eight convulsive fits.

The arm was examined the next morning, it was in a state of sphacelus, and no line of separation had

been produced, nor indeed did nature appear to have made any efforts for that purpose. The fracture of the bone was as we have described it above.

*We are compelled to postpone some interesting cases to our next number.*

**Vaccination.**—On the 14th ult. the physicians of Berlin celebrated, as they have done for these fourteen years past, Dr. Jenner's grand anniversary of vaccination. From the lists sent to the Society from all parts of the kingdom, it appears that the number of individuals vaccinated last year was 330,905. — The number would probably have been 360,000 if the lists had been complete.

The newly invented apparatus kept at the infirmary for extracting poisons from the stomach, was used for the first time in this town on Friday last. Laudanum had been taken, for the purpose of self destruction; the usual emetics had been administered without any effect, as is frequently the case under similar circumstances, in consequence of the insensibility produced by the poison. The laudanum was extracted, by first forcing a quantity of warm water into the stomach, and then immediately withdrawing the whole contents by means of the new instrument. — *Derby Reporter.*

At a meeting of the Philosophical Society, on Monday se'nnight, a paper was read by the President, Dr. HAVILAND, on the

cases of secondary small-pox, and of small-pox after vaccination, which had occurred amongst members of the University of Cambridge during the last year; out of twenty-seven cases, five only were severe, and three of those, which were cases of secondary small-pox were much more so than the two others, which occurred after vaccination. — *Norwich Mercury.*

Last Sunday morning the Rev. Dr. RUDGE preached a Sermon at Grosvenor Chapel, South Audley-street, before many of the Nobility and Friends of that admirable Charity, the Seaman's Hospital. A considerable collection was made, and an account was given of the Institution; and it was stated that upwards of two thousand poor and diseased Seamen of all nations have been relieved since its establishment in 1821. No letters of recommendation are necessary. A seaman with an accident, or suffering from disease, has only to present himself on board the hospital ship, moored off Greenwich and he is instantly received, and attended to by the excellent Surgeon, Mr. ARNOT, and kindly treated till his complaints are cured. A charity like this must effect infinity of good, and is deserving of the most liberal support from all classes of the community, particularly those connected with the naval and merchant services.

**LORD NORFOLK'S NEWEST.** — His Lordship while lately indisposed, was threatened with a determination of blood in the head.

Surgeon-General accordingly opened the temporal artery, and whilst attending to the operation, his Lordship said to him, in his usual quick manner, "O—I believe, you were never called to the Bar?" "No, my Lord, I never was," replied the Surgeon. "Well, I am sure, Doctor, I can safely say, you have cut a figure IN THE TEMPLE."

Sunderland has been thrown into much agitation by the apprehension and committal to Durham gaol, of a surgeon of that place, for having administered corrosive sublimate to his wife, with an intent to poison her.—*Sheffield Independent.*

#### PROMOTIONS.

- 31st Regiment of Foot.—Surgeon W. C. Callow, from the 96th Foot, to be Surgeon, vice Shoreland, who exchanges.  
44th Ditto.—Surgeon W. Daunt, M.D. from the 56th Foot, to be Surgeon, vice Jones, who exchanges.  
56th Ditto.—Surgeon G. Jones, from the 44th Foot, to be Surgeon, vice Daunt, who exchanges.  
96th Ditto.—Surgeon J. Shoreland, from the 31st Foot, to be Surgeon, vice Callow, who exchanges.

#### BIRTHS.

On the 8th inst. the Lady of Dr. Dickson Physician, of the Royal Naval Hospital, Stonehouse, near Plymouth, of a daughter.

#### MARRIAGES.

At Exeter, Mr. Budle, Chemist, to Elizabeth, eldest daughter of William Salter, Esq. Tiverton.  
In Pershire, 11th inst., David Cunnan, Esq., Surgeon, to Mary Stewart, eldest daughter of Isaac Ried, Esq.  
On the 22nd inst., at Lambeth, David Mangles, Esq., Surgeon of Aldermansbury Postern, to Mary, widow of the late George Swan, Esq., Dalwich.  
On the 22nd of December last, at Nussereabad, William Seton Chatter, Esq., M.D. of the Bengal Medical Establishment, to Louisa Scott, youngest daughter of the late George Smith, Esq. Canton.

#### DEATHS.

In Clonmel, on Tuesday last, Mr. Robt. Dillon, Apothecary of that Town.  
At Lawricknon, on the 19th inst. Mrs. Dickson, relict of the late R. Dickson, Esq., Surgeon, of Dunsfries.  
In his 78th year, at Oxford, on the 31st inst., Martin Wall, Esq., M.D. and Lord Lichfield's Clinique Professor, in that University.  
At Sea, 3rd inst., on his return from Madeira, Thomas Martinan, Esq. M.D. late Assistant Surgeon to the Norfolk and Norwich Hospital.

#### BANKRUPTCY DIVIDEND.

July 16. R. Cross, Bridgwater, Yorkshire, chemist, at eleven at the Star Inn, Bridlington.

#### DISSOLUTION OF PARTNERSHIP.

R. Chawner, and S. S. Allen, Burton-upon-Trent, Surgeons.

#### TO SURGEONS, &c.,

TO BE DISPOSED OF, the Business of a CHEMIST and DRUGGIST, situated West of Temple Bar, and affording a good opening for a young Surgeon wishing to commence practice.—Address by letter, (post paid) to T. K. S., Messrs. BURGESS and HILL'S Library, Great Windmill Street, Haymarket.

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# THE LANCET.

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# THE LANCET.

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## PHYSIOLOGY.

The interesting papers with which our Foreign Department is this week enriched, and the length, to which this portion of our publication consequently extends, have induced us to postpone the Surgical Lectures; and also to give a week's respite to the "Hole-and-Corner" Surgeons of St. Thomas's Hospital.

We take this opportunity of publicly returning our acknowledgments for the polite and flattering manner in which M. MAGENDIE, during his short stay in this metropolis, presented us with his most valuable journal. *The Lancet* can afford to have Messrs. TRAVERS, GREEN, and TYRRELL, for enemies, when it can rank the first Physiologist in Europe, among its friends. Our readers will see that we have made copious extracts from the *Journal de Physiologie*, of which the last number alone contains more original and highly interesting articles than are to be found in the aggregate of the medical journals published in Europe during the same period. We feel satisfied that most of our readers will participate in our admiration of the manner, and at the same time in the manner in which M. MAGENDIE's physiological experiments are conducted. On the

subject of hydrophobia, we beg leave to call the attention of M. MAGENDIE to the paper communicated by Dr. XANTHOS, a Greek physician, to Dr. HUFFLAND, the venerable Editor of the *Journal der praktischen Heilkunde*, which we translated in vol. 2, p. 309, of this publication.

M. MAGENDIE paid his visit to this country at the moment when the Surgeons of St. Thomas's Hospital had covered themselves with glory by their attack on the Press, and we have reason to believe that this distinguished physician took considerable interest in the discussion which this proceeding has called forth in *The Lancet*. The following passage in the *Journal de Physiologie* must be extremely gratifying to the "Hole and Corner" Surgeons.

"Si les médecins et les chirurgiens; au lieu de cacher avec soin les événements malheureux, les avaient publiés avec candeur, ils auraient autant servi la science qu'en proclamant les cas de réussite. Ici, comme ailleurs, le malheur est une bonne école."

We trust that when M. MAGENDIE next visits this country, we shall have reason to think that at no distant period, the profession will see the propriety of paying some public mark of respect to this distinguished Physiologist.



# IS THE OLFACTORY NERVE THE ORGAN OF SMELL?

*Experiments on this Question  
by M. Magendie.—Journal de  
Physiologie.*

To ask whether the Olfactory nerve is the organ of smell, might at first view seem to expose the enquirer to ridicule. Who entertains a doubt on the subject? would be the answer; is it not a well established fact ever since anatomy has taught us the course of this nerve, its distribution on the olfactory surfaces, its large size in those animals which have the sense of smelling most perfect, &c. &c. I must confess that had this question been proposed a month ago, I should not have hesitated to answer in the affirmative, and that I should not have ventured to entertain a doubt respecting it: although in physiology and medicine, &c. it may not be useless to question the correctness of points which are apparently the best settled. Let those who are unwilling to doubt, believe as implicitly as they think fit. Wishing, however, this year to demonstrate in my lectures on experimental physiology, the different properties of the nervous system, I first endeavoured to shew by

direct proof that the olfactory nerve was the agent of smell, an attempt which to my knowledge had not been made.

My first experiment consisted in laying bare the olfactory nerves of a dog, twelve months old. I did not expect to find them sensible to the contact of foreign bodies, nor even to punctures; the greater part of the hemispheres of the brain was insensible to these excitements; indeed, neither pressure, nor deep punctures, nor extensive laceration, were followed by any symptom which indicated sensibility of these nerves.

I was curious to see if the direct contact of a very fragrant substance would be attended with a similar result: with this view I placed a few drops of ammonia on the nerve; the animal at first did not appear to take any notice of it, but it soon gave proofs that it felt very acutely. I perceived this as soon as the liquid touched the sides of the nerve, and reached its inferior surface, and consequently the ethmoidal fossæ; I therefore believed that the ammonia had acted on the secondary part of the nerve, as is known, lies on the orbital foramen of the ethmoid bone.

and that superiorly the grey substance had no sensibility. Inferiorly the white matter was endowed with this property.

After having made these observations, I took the means for entirely destroying the olfactory nerves, being firmly persuaded that the power of smell would be entirely annihilated. What was my surprise to find the animal on the following day sensible to the powerful odours I put before it (ammonia, acetic acid, essential oil of lavender)! The sensibility of the interior of the nasal cavity had lost nothing of its energy; the introduction of the stilet was followed by the same result as on a dog, whose olfactory nerves were entire. This strange phenomenon recalled to my recollection a fact to which I had paid little attention the preceding year, because it was in such direct contradiction to the recognized opinions, that I attributed it, I know not why, to some fault in the experiment. I allude to a duck from which I had removed the hemispheres of the brain, and which survived eight days, presenting during this period different curious phenomena. It had among other strange things,

preserved the power of distinguishing strong smells. I shewed this animal, and submitted it to these various tests in my course at that time.

To be perfectly assured of the fact, I destroyed the olfactory nerves of several other animals, and the results were exactly the same; but besides this, I made another important remark, that the sensibility which I had observed at the inferior surface of the olfactory nerve, only existed along the outer edges of the cribriform plate of the ethmoid bone, and from this I was induced to think that it might belong, not to the olfactory but to a filament of the optic nerve, which passes from the orbit to the nose, by an opening in the cribriform plate.

This indication led me to suspect that the branches which the fifth pair sends into the nasal fossæ, were the organs by which the power of smell is maintained, after the destruction of the nerves of the first pair. In the human subject these branches are rather numerous, although of a middling size; they are composed, first,—of the ethmoidal branch of the nasal nerve; second, of the naso-palatine of SCARPA; third, of numerous filaments

which arise from the internal surface of the sphenopalatine ganglion. Altogether they are so arranged as to be distributed to all the parts of the pituitary membrane. I was not exactly certain as to the relation of the fifth pair to the nose of a dog.—I asked M. DESMOULINS, extremely expert in such matters, to dissect with me this nerve, and we found that the ethmoidal twig is much larger than in men, and that it furnished rather a large number of small divisions in the upper part of the nasal cavity; we also found that the superior maxillary nerve is not formed by the sphenopalatine ganglia, that it sends into the inferior, lateral, and internal parts of the nose numerous filaments of a considerable size.

It was then anatomically possible that all the sensibility of the pituitary membrane depended on the divisions of the fifth pair. But anatomical conjectures on the functions of organs are of no value until they are proved by physiological experiments. I thought of cutting the nerves of the fifth pair, so that the animals might survive; but it was easier to entertain this idea than to put it in execution. In their course over the base of

the brain, the nerves are connected to the cavernous sinuses and the internal carotid. Nevertheless I attempted to make a section of them on some rabbits, and I was fortunate enough to divide the nerves of several animals on both sides without producing any serious accident. I performed the same experiments on dogs, young cats, and indian pigs; I also discovered that these nerves once thoroughly divided, all traces of the action of powerful smells disappeared. The animals which sneeze, rub their noses, and turn their heads away when made to smell ammonia, or acetic acid, remain motionless after the section of the fifth pair, or merely manifest the actions of these odours on the larynx. It appears to me that the result of this experiment, a counterpart of the preceding is, that smelling, as relates to strong odours, is performed by the branches of the fifth pair, and that the first pair of nerves does not perform this function in common with the fifth.

Here one objection presents itself; the odours, which you have employed, it will be said, are very active; they exert a chemical action on the pituitary membrane, as they do on the

conjunctiva when they come in contact with it. Might it not be possible that in destroying the sensibility of the membrane of the rose, you take from this membrane the property of recognizing, not odours, properly speaking, but the capability of receiving the impression of stimulating vapours and caustics, as that of ammonia and acetic acid? This remark is founded on the use of the vapours above mentioned, but it does not apply to the oil of lavender and Dippel. — In no case, before my experiments, had it been presumed that the irritating vapours did not act on the sense of smell.

In order to answer this objection by means of experiment, I destroyed the olfactory nerves of a spaniel, whose smell was known to be acute, and I discovered as in my preceding experiments that he readily distinguished strong smells. But I wished to be certain if he recognized the smell of meat, of cheese, and food in general. — For this purpose I enclosed several portions in paper and set them before the animal; in every instance did he undo the paper and get at the meat. I do not, however, regard this experiment as sufficient, for, at

other times he appeared to me to want the power of smell to discover some meat which I put before him without his seeing me do it. In supposing this last result correct, it would not prove that the fifth pair is not the agent of smell, for the derangement produced by the destruction of the olfactory nerves, necessarily produces inflammation in the nasal cavity, and may thus, although secondarily, injure the power of smell. I then followed up this point.

I removed from some fowls, ducks, and magpies, the hemispheres of the brain, and the whole of the olfactory nerves: these animals preserved the entire sensibility of the pituitary membrane, and gave evident signs of the action of powerful odours on the smell. I cannot conceive on what grounds the contrary has been recently asserted.

In fine, I am indebted to the politeness of M. RAMON, visiting physician *de la Maison Royale de Charenton*, for a fact which appears to me to prove that it is neither indispensable in the human subject for the exercise of smell, that the hemispheres of the brain should be entire.

After several years of mad-

ness and delirium, it is very common to see persons fall into a stiff and torpid state, analogous to complete drunkenness; the legs totter, the movements are uncertain, the tongue impeded in its action: this state, which nothing has been found to relieve, is followed by a total loss of the intellectual faculties; and in a short time death takes place. On examining the body, the hemispheres are found gorged with blood, the coverings of the brain inflamed, and frequently a complete alteration in the cortical substance. In individuals who present the train of symptoms above mentioned, M. RAMON has always found a continuance of the sense of smell, not only for strong and irritating smells, but even for odours much more light and volatile.

Such are the observations which I present to physiologists concerning the olfactory nerves; they are still incomplete, and require to be followed up. I hope, at any rate, that they will be the means of inducing others to repeat them, and to neglect no opportunity of repeating, confirming, or disproving them by pathological observations. It appears from these researches

that animals, such as dolphins, in whom the olfactory nerves are entirely wanting, are probably not deprived of smell, as some naturalists have imagined.

If it be confirmed that the sense of smell belongs to the fifth pair, it will remain to be determined what are the uses of the olfactory nerves and lobes. Nothing is as yet known which might enable us to determine. They would in this case be classed among those parts of the nervous system, the functions of which are entirely unknown.

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*On the Influence of the Fifth Pair of Nerves on Nutrition and the Functions of the Eye.*  
By M. MAGENDIE.—*Idem.*

It has been stated in the preceding paper how I was induced to cut the nerves of the fifth pair in the cranium, so as not to cause the death of the animals. I have been also led to observe phenomena, which arise entirely out of the generally received opinions concerning the functions of the nervous system.

After having divided one of the fifth pair of nerves in a rabbit, I perceived that all sensibility on the same side of the face was lost; the interior of the nose, the surface of the conjunc-

tiva, &c. were insensible to the contact of hard bodies, and even of sharp instruments. I wished to ascertain if the same defect of sensibility existed for very irritating chemical agents. I therefore applied some ammonia on the eye, and distinctly observed that it produced no impression. In order to see the difference, I lightly touched the eye of that side on which the nerve had not been divided with a little ammonia, and immediately the animal shewed by its motions, its struggles, the copious flow of tears, the closing of the eyelids, &c. the very acute sensibility of the organ. There was nothing like this on the opposite side; the eye was dry, and what is most singular, the motion of the eyelids, called winking, had ceased; the globe of the eye appeared to have lost all its movements; the iris was strongly contracted and motionless; in fine, the eye had the appearance of an artificial one, placed behind lids which were deprived of all motion. Completely puzzled by the multitude of strange phenomena which I had observed, I postponed till the next day my observations, and endeavoured to explain what I had seen.

The loss of sensibility in the surface of the eye was most easy to be understood; the distribution of the branches of the ophthalmic nerve to the lids, and the conjunctiva, satisfactorily accounts for this phenomenon; which had also been recently observed by Mr. MAYO on pigeons. The suspension of the secretion of tears, could also be understood by the paralysis of the lacrymal nerve; but the motionless state of the eyelids and eye, the permanent contraction of the pupil, could not be so readily referred to the facts with which we are acquainted. I was, however, suddenly arrested by the idea that probably in cutting the nervi trigemini I had included the *motores oculorum*.

The next day I examined the animal, and was not a little surprised to find things exactly in the same state as when I had left them; only the healthy eye, from the effect of the ammonia, was intensely inflamed; the opposite eye, on the contrary, exhibited no mark of inflammation. The section of the nerves had there prevented the development of the inflammatory process, and this result was not less curious than the preceding. In

order carefully to study these different phenomena, I divided on this day the fifth pair on several rabbits, in some, one of the nerves only, in others, both, and at the same time. It was by observing these animals on the following days, that I discovered the facts which I am going to relate—facts which will undoubtedly excite the interest of physiologists.

A. Twenty-four hours after the division of the nerve, the cornea began to be opaque; in seventy-two hours the opacity considerably increased, and in five days from the time of the experiment it was of the whiteness of alabaster.

B. From the second day, the conjunctiva became red, appeared inflamed, and secreted a considerable quantity of puriform matter, somewhat resembling milk; the eye-lids were either separated to a considerable distance from each other, and motionless, or were glued together by the puriform discharge which had dried on their edges, and when they were opened a good deal of matter escaped.

C. About the second day after the division of the nerve, the iris also became inflamed, and its vessels developed themselves.

On its anterior surface were formed some false membranes, which had, like the iris, the shape of a circular body, perforated in the centre. These membranes at last filled the anterior chamber of the eye, and contributed to give the cornea an opaque appearance. Is it not an extraordinary phenomenon that an inflammation should exist with suppuration and complete insensibility of the inflamed part, and which is caused by the section of a nerve? Before proceeding any farther, I will just remark that the sudden opacity of the cornea appeared to me at first to depend on the long exposure to the air. To be certain of this, I divided in a rabbit the seventh pair of nerves, which, according to the observation of Mr. CHARLES BELL, directs the motion of winking; but although the eye in this animal remained in constant contact for several days with the air, no opacity shewed itself on the cornea, nor any inflammation, either on the conjunctiva or the iris.

I then suspected that the opacity depended on the non-secretion of the tears. It is possible, I said, that a membrane, like the cornea, may require to be kept constantly moist by a clear

field, to preserve its transparency. In order to ascertain if my conjecture had any foundation I performed an entire extraction of the lachrymal gland on two rabbits, but no opacity manifested itself on the cornea during eight days after the experiment. There was no foundation then for the conjecture. Opacity of the cornea, inflammation, and suppuration of the conjunctiva, and iritis, are dependent on nervous influence.

D. Towards the eighth day after the division of the fifth pair, a visible change takes place in the cornea; it begins to be detached from the sclerotic at its circumference, and ulceration in the centre follows; at the end of three or four days more, the humours of the eye, turbid, and partially opaque, make their escape, and the eye becomes reduced to a small tubercle occupying only a very small part of the orbit, a circumstance which gives to the animal somewhat of a terrific appearance. If the eye is dissected at this period, it will be found only to contain a matter which resembles cheese just dissolved, and the retina nearly destroyed; only a few traces of it here and there are to be seen

E. The sight appears to be, if not entirely destroyed, at least considerably weakened; and if, a few hours after the section of the nerve, a needle is introduced to the surface of the retina, the animal shews no sign of feeling.\*

As soon as both nerves are divided on an animal, it appears blind, and moves about in a most singular manner: it walks with the chin firmly resting on the ground, making use of its head for a guide, just as a blind person uses a stick.

The step of an animal in this state differs altogether from an animal simply deprived of sight: when merely blind, it guides itself by means of its whiskers and the sensibility of the skin of the face; and is aware of any obstacle that may be in the road, in fine, it would be difficult to know whether the creature were

\* A false idea is generally entertained respecting the sensibility of the retina; it is represented as the prototype of sensible organs. It is affected even by the very light, it is said! If a hard body should happen to touch it, most acute pain would immediately follow. Experience does not give this result; a needle carried against the retina only produces a feeble sensation; friction and rupture of the membrane merely excite a moderate pain, and which cannot be compared to that produced by puncturing the eye. I have observed this circumstance on the human subject in performing the operation of cataract by depression.



blind or not: whilst animals which have had the fifth pair of nerves divided, move in one manner only, and instead of avoiding all impediments, often obstinately push against them for several hours, so as to rub off the skin from the front part of the head.

F. The tongue is insensible on the side where the nerve has been divided, and if a section be made of both nerves, the insensibility is general. In this case the tongue hangs out of the mouth, but the animal is able to draw it in towards the pharynx.—Bitter substances produce no apparent effect on the anterior part of the organ, but they evidently act on the centre and base. In dogs and cats the lower jaw hangs after the division of the fifth pair, which impedes deglutition, and sometimes prevents it altogether. They walk in the same manner as rabbits; but instead of resting on the chin, they frequently rest on the tongue which owing to the depression of the lower jaw is lowest, and therefore rubs against the ground in the act of progression.

G. When one nerve only is divided, a change manifests itself in the nostrils, mouth, and the tongue on one side; half of

the tongue becomes white, its skin thickens, the gums shrink, and leave the teeth bare, the food getting between them.

H. I think that I have observed the hearing destroyed by the division of the fifth pair; this would be the less extraordinary, as in several animals, the acoustic nerve is evidently only a branch of the trifacial. If this last result is correct, all the senses would then be under the influence of the fifth pair, and thus the general theory of sensation ought to be changed.

[M. MAGENDIE will continue this subject in the next number of his valuable Journal.—EDIT. of L.]

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*Trial of the Injection of Warm Water into the Veins, in a Case of Hydrophobia, by B. GASPARD, Doctor of Medicine at St. Etienne (Loire.)*

In November and December 1823, a great number of wolves infested the north of the district formerly called Bresse Châlonnaise; they were regarded by some as wolves from the Pyrenees, which had followed the army on its return from Spain; by others as wolves of the mountains of Franche-Comté, or of

Lorraine, from whence the first falls of snow had driven them; others supposed them to be wolves which had escaped from a menagerie. Many persons, who have had a near view of these animals, state that they found them smaller, thinner, weaker, with a sharper muzzle, and hair more shaded than is observed in the common wolf. However this may be, they were distinguished by extraordinary fierceness and audacity, attacking men in the day-time, continually prowling about houses, into which they endeavoured to effect an entry. They seemed to have lost their natural instinct in providing for their nourishment, they attacked the shepherd of a flock rather than the sheep, and one of my colleagues having opened one, which had been killed, found nothing but a few weeds and some earth in the stomach.

In the beginning of last December, a farmer, named J. L. Guillemin, hearing his yard-dog bark very loudly, went out with a pick-axe in his hand, and saw his dog fighting with a wolf. While he was aiming his pick-axe at the wolf, that animal, quitting the dog, sprung fiercely upon his master, and seized his

right hand, which he would probably have bitten through, if the palm had not been protected by the agricultural instrument. The back of the hand was much injured, being deeply lacerated in the interosseous spaces; and the furious animal would no doubt have inflicted more serious wounds, if the dog had not compelled him to let go his hold, and renewing the combat, dragged him several times to the ground. The wolf then entered the house, the door of which was open, and after exciting great alarm, rushed out of it, and effected his escape. At a short distance from the house he bit a young man in the thigh.

As this wolf was not suspected to be mad, Guillemin's wound was simply dressed, without having been cauterised, and it very soon healed. This man returned to his ordinary pursuits, exhibiting, however, so much fear at the approach of night, that he scarcely ventured to go out of the house. Five weeks after the wound had been inflicted, on the 14th of January, 1824, he complained of pains in the nape of the neck and shoulders, and he had slight fever, with shivering.

Nevertheless he went the next day to a neighbour's house, to kill and cut up a pig; but while he was engaged in this occupation, he felt an unusual trembling in his hands, of the motions of which he had not a perfect command; he drank, however, a bottle of wine with the master of the house. On his return home he was seized with sickness and fever, went to bed, and swallowed a little brandy in the evening; in the middle of the night, having called for some water to drink, he was seized with the horror which marks an attack of hydrophobia, on bringing the vessel to his mouth, and found it impossible to overcome his repugnance. On the 16th of January the symptoms were continued, dread of water, sensibility greatly increased, trembling of the limbs, great thirst, urine scanty, and thick, continued fever, copious sweats; he swallowed solids, however, as easily as when in health; from time to time he fell into a slight dose, from which he jumped up in a state of horror, imagining that he was surrounded by voracious wolves. On the morning of the 17th, the symptoms continued the same. I was called to him in the middle

of the day by my excellent friend and colleague, Dr. PETIOT, and I found him with the symptoms characteristic of hydrophobia without mania, and even without delirium, as I had seen two individuals affected with it in 1806, and 1811, at the Hotel Dieu at Paris. The patient reasoned very well, but while he affected confidence, he was in reality much alarmed; his countenance was somewhat wild, his eyes distended and sparkling; pulse small, feverish, and very quick; skin clammy, no appetite; tongue white, and moist; pharynx not at all inflamed; deglutition of bread, meat, and fruit very easy; burning thirst; great desire for drink, but impossibility to satisfy it, notwithstanding the most strenuous efforts perseveringly continued. As soon as a vessel containing liquid approached the patient's mouth, he was seized with a painful contraction of the pharynx, and especially the upper half of the œsophagus, or perhaps even of the glottis, with spontaneous constriction of the chest; sobs, convulsive motions of the face, trembling of the limbs, and other nervous symptoms. The horror of the patient was the same, whether

milk, wine, or water, were offered to him; whether the liquid were presented in a glass, or through a tube, in whatever way it was attempted to be introduced into the mouth, and whether his eyes were open or shut. I made an attempt with a piece of ice, which the patient put into his mouth without repugnance, and letting it melt there, he swallowed the liquid without difficulty; but the swallowing of a second piece brought on a convulsive paroxysm of hydrophobia. A fit would sometimes be brought on by the mere noise of the water poured from one pot into another, by a slight influx of air, by the shaking of the bed-curtains, by the slightest unexpected contact of his body with any substance, &c. His sight, however, was not affected by the light of the sun, or the fire.

It appeared evident to us that this individual was affected with true hydrophobia; the spitting of frothy mucus had not yet indeed taken place, but it soon appeared, as I shall shortly state. Some persons have imagined that this man was not affected with hydrophobia in consequence of the bite he received, but in consequence of the great

alarm which he experienced. It has been alleged in proof of this that the dog, which fought with the wolf, and the young man who was bitten in the thigh after the patient, had not contracted hydrophobia, which is true up to this time, (Feb. 2, 1824) it has been said also that many other persons were bitten by wolves of the same kind, about the same time, and have not been affected with hydrophobia; which is true to a certain extent, but not strictly so. When I reflect, however, that in cases of hydrophobia caused by fear, the malady has appeared at the moment of some violent emotion of the mind, or very shortly afterwards; while in this case the disease followed very exactly the ordinary course of hydrophobia, communicated by a bite; when I consider also the cases which have been well ascertained and reported by authors of great weight (Messrs DEGNER, SALGERS, PORTAL, &c.) of hydrophobia being produced by the bite of animals, or even of men, who have been merely irritated or enraged, and who have not been themselves affected with hydrophobia; when I reflect, moreover, that the patient was far from being a

pusillanimous man, that he betrayed no extraordinary, nor sudden fear, that the sight of his dog at the time of the accident was calculated to re-assure him, &c.: all these considerations convinced me that hydrophobia had manifested itself in him in consequence of the bite, and not from the effects of fear.

However this may be, we considered that, in leaving him to himself, his fate was certain; and that, in attempting to cure him, such means must be resorted to as might advance the progress of medicine. I communicated to M. PETIOT the two experiments made by M. MAGENDIE on a man and on a dog, and he agreed with me that this was a proper case to ascertain the efficacy of water injected into the veins as a remedy for hydrophobia. We proposed, therefore, this means to the patient, as calculated to assuage the thirst with which he was afflicted, and he readily consented to it. Having laid bare the cephalic vein of the right arm, I injected at first very slowly about four ounces of warm water, asking the patient every moment if he felt any extraordinary sensations, such as palpitation of the heart, difficulty of breathing, fainting, &c.; he assured me constantly that he felt nothing unusual; it was not till the injection was concluded that he spoke to me of certain prickings, or a kind of tickling sensation throughout the interior of the stomach, although the pulse had not in the mean time undergone any change in its frequency or fullness. Uneasy, however, as to

the consequences of this new symptom, I suspended the experiment, and waited to see if any serious effect should manifest itself; but at the end of a quarter of an hour, no change having taken place, I injected again with the same slowness, and the same precaution, four more ounces of warm water. The uneasiness, or rather the tickling sensation, of the lungs did not increase, but continued the same; the motion of the heart was not augmented; the pulse only became a little fuller, but the patient's thirst did not at all diminish, nor his nervous and hydrophobic symptoms.—Fearing, nevertheless, that the lungs would be gorged, I suspended the experiment, to observe the consequences of those pulmonary prickings which did not cease; and I had soon reason to be glad of having done so, for at the end of another quarter of an hour the patient complained of vertigo, and a desire to vomit; he coughed three or four times without expectoration; and at length, forty-five minutes after the first injection, he was seized with a violent shivering, and trembling of the limbs, attended with a very small and frequent pulse, paleness and coldness of the body, exactly as in a paroxysm of tertian or quartan ague.—This shivering lasted more than half an hour, was followed, as usual, by a dry heat, with fullness of the pulse, and at last by copious sweating: the three periods of this attack lasted about an hour and a half. The symptoms of hydrophobia still continued, without any altera-

tion; the same dread of water, the same thirst, the same excess of sensibility, and the same convulsive paroxysms.

It may be easily conceived that I did not think of injecting any more water into the veins; for I had already too far compromised my medical reputation in the eyes of persons incapable of appreciating my conduct; especially, as the confidence placed in one who holds no public situation must, under such circumstances, depend on his success. Again, the complicated condition of the patient at the time of this long rigor, and violent febrile shivering, was calculated to create alarm, and I should have been myself alarmed at it, if I had not recollected the three experiments made on a man in 1770 by J. M. Regnaudot, in which the injection of various liquids into the veins produced uniformly at the end of half an hour, a complete paroxysm of fever, consisting of the three stages of shivering, heat, and sweating.\*

\* These experiments made at Guadaloupe on a young man from 18 to 20 years of age, affected with the red eruptions which precede leprosy, are detailed in a work entitled *Dissertatio inauguralis de chirurgia infusoria renovanda*. Lugduni Batav. 1778. This dissertation, for the communication of which I am indebted to M. Agron, being somewhat scarce, it may be useful to give in this place the substance of the four experiments.

1. On the 27th of January, half a table-spoonful of a light infusion of senna, injected into the median vein of the arm, produced only a short and slight fever.

2. The next day the injection of one ounce of the same liquid produced at the end of half an hour a violent fit of shivering, followed by heat, vomiting,

I left the patient to his unhappy fate, merely making him swallow some grains of opium. In the night, eight hours after the experiment, he had a second paroxysm of fever, attended with the same symptoms as the first; afterwards he had a slight delirium, accompanied with trembling of the tongue and legs; shortly after he brought up repeatedly a great deal of frothy mucus; soon after the appearance of this spitting, his dread of water ceased, and he drank twice a glassful of barley water without any difficulty or effort.†

Nevertheless, though the repugnance to liquids had ceased, the trembling of the limbs still continued, especially in the arm which conveyed the vessel to the mouth; convulsive symptoms afterwards appeared; the

and several alvine evacuations; the paroxysm of fever lasted nearly eight hours.

3. On the 20th January, three ounces of an infusion of two drachms of the bark of guaiacum, with 48 grains of isinglass, injected in the same manner, produced, as on the former evening, at the end of half an hour, a very long fit of shivering, followed by pains in the intestines and two stools; the fever lasted more than nine hours and terminated with copious sweating.

4. On the 30th January this physician injected into the vein of the same man three ounces of warm water, holding in solution two drachms of gumarabic.—About an hour after, the usual febrile shivering appeared, with a small and frequent pulse; there were three alvine evacuations; heat succeeded the shivering, and the paroxysm of fever terminated with copious sweating 15 hours after the injection.

† This favourable result did not depend I believe on the injection of water into the veins, for it has been observed in many other cases of hydrophobia, and very recently in some of those published by M. Trousseau.

delirium became violent; the patient threatened the by-standers with his fist, rolled himself up in the curtains, hid himself under the blankets, &c. At length on the 18th of January, at 6 o'clock in the morning, he caused himself to be taken out of bed and placed in his arm-chair; being in a state of great exhaustion, his limbs cold, his pulse scarcely to be felt, his face somewhat agitated with spasms, his mouth filled with saliva, or rather with frothy mucus, which perpetually flowed from it; he then leant upon the arms of the chair, and died very tranquilly in a few minutes, his death not being immediately observed, 54 hours after the first appearance of his dread of water. The body was not opened.

I shall leave the reader to draw what conclusion he pleases from this experiment, with regard to the treatment of hydrophobia, the cause of the paroxysms of fever, with shiverings, &c.; I will content myself with adding that in some experiments I have introduced without danger in the course of a few hours as many as 13 ounces of water, or other innocent liquid into the veins of dogs of a middle size, which have experienced nothing but a slight momentary cough from it. It would seem, therefore, that the results of this experiment are not the same on man and on animals.

*Remarks on the above Case by  
M. Magendie.*

The case which M. GASPARD has above detailed, appears to me to be one of extreme inter-

est. We must not judge by the event; success is not obtained at the first attempt. If physicians and surgeons instead of studiously concealing unfortunate cases, had published them with candour, they would have done as much service to the science as in proclaiming their successful cases. In our profession, as well as elsewhere, misfortune is a good school.

Nevertheless, M. GASPARD not having bled his patient, and not having introduced more than eight ounces of water into the veins, could not obtain any sensible effect from the new mode of treatment; it may even be presumed that if the dose of liquid injected had been sixteen ounces, it would not have produced a greater effect. I made last month an experiment on a mad dog, which leads me to consider this as probable.

A butcher in my neighbourhood came to inform me that his dog, a black poodle, extremely gentle in his ordinary disposition, had become savage, and bitten several persons. I had the dog secured, and examined him. I recognized immediately the existence of Hydrophobia, which was in its highest degree of intensity; the dog bit fiercely every thing presented to him; he foamed at the mouth, his eye was haggard, his bark hoarse and short. &c.

I wished to ascertain the dose of water necessary to produce a sensible effect, without exceeding it; accordingly, after having taken away eight ounces of blood, I injected an equal quantity at a temperature of 40°. I caused the animal to be untied,

but the disease had lost nothing of its activity, and it terminated in death, the following night, as it would have done without the injection. Now, if the introduction of eight ounces of water into the veins, after eight ounces of blood had been taken away, produced no effect on a dog of moderate size, *a fortiori*, a similar injection into the veins of a robust man without previous bleeding would produce no effect.

The patient at the Hotel Dieu, the history of whose case I published, was in a very different situation; he had been bled copiously before his admission into the hospital, and on the morning of the day, when his veins were injected, he had been bled at the hospital, till he fainted. It was under these circumstances that I introduced nearly sixteen ounces of water, and obtained almost immediately the effects, which I detailed in the history of that case.

If therefore an opportunity occurs of trying again the injection of water into the veins, it will be necessary to take the precaution of bleeding the patient freely several times before introducing the water into the circulation.

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ON SPERMATIC ANIMALCULÆ.  
BY M. BORY DE ST. VINCENT.

Although the distinction of a class of animals under the name of *infusional* may appear improper, we must nevertheless admit, either under that name, or that of microscopic, a large division of animated beings, es-

entially destitute of a nervous system; and which the minuteness of their proportions conceals from our view. Among these beings, many live in infusions, or develop themselves exclusively in them; others swim in the purest water, or inhabit, as well as the intestinal organs of more complicated and important animals. The beings for which I have suggested the name of *Zoosperms* in the third volume of the *Dictionnaire Classique d'Histoire Naturelle*, p. 356, printed about a year ago, are of this number. They form part of the family of *cercariæ*, established in the same work.

The *cercariæ* belong systematically to the second order of infusional or microscopical beings, which is composed of species furnished simply with tails.—These species have in their tail a sort of locomotive organ, which may be considered as the first rudiment of members, but I have never distinguished, with the strongest glasses I could employ, any external indications of sight or hearing, or any natatory apparatus which could facilitate motion; nothing which could induce us to suspect the existence of any system, whether of respiration, circulation, digestion, or sensation; there can be no doubt, however, that the *cercariæ* do perceive impressions, and that they nourish themselves.

The characteristics common to all the *cercariæ* consist in a globulous body, perfectly distinct, terminated by a tail posteriorly, simple, and essentially *inarticulated*. It is important to distinguish this last feature, in



order to put circumspect observers on their guard against the ideas of incautious observers, who, exaggerating the functions which these spermatie animalculæ perform in the process of generation, may be tempted to find articulations in a tail, which might then be made the embryo of a vertebral column, while the globulous part might be considered the elementary part of a larger animal. I will not stop to consider the various genera which I have established in this family, which amount to six.—Two only need here occupy our attention. The first, the type of the family, is the *cercaria* of Muller, and of all his followers. Its characters are *a body not capable of contraction, cylindrical, obtuse anteriorly, tapering posteriorly, and terminating in a tail flexible in swimming, equal to the length of the body, or rarely longer.* The *cercariae* properly so called, are perfectly transparent and colourless; they inhabit either infusions, or fresh water. Muller had, by analogy, given the name of *gyrinus*, to the most common species which is found among marsh weeds, because this species resembles a small tadpole both in form and motion. Disregarding what had been written on the subject of spermatie animalcule by Leuwenhoek and his other predecessors, he referred the descriptions and figures given by these writings to his infusional animals. This fault has led succeeding naturalists into error; they have concluded that the observers who spoke of spermatie animals had only found *cercariae* in corrupted semen.—

This error, arising from want of observation, is the greater, inasmuch as all life, and even all susceptibility to the development of life ceases in putrified semen, while all semen is inhabited by myriads of animals, so long as it continues fresh.

The second kind to which it is important to direct our attention is that to which I have given in the work above cited, and in the *Encyclopedie Methodique* the name of *zoosperma*. Its characters are *a body not capable of contraction, oval, much compressed, with a tail like a bristle, as long or much longer than the body.* In other respects it resembles the *cercariae*, having the same general aspect, the same motion, the same transparency without the least colour; but the tail is infinitely longer, planted on the body, and the compression of this body establishes the principal difference. This compression is such that when the *zoospermae* turn on their side, they appear completely lineal, which is never the case with true *cercariae*. It is astonishing that this great difference should have escaped the observation of those whose attention has been especially directed to spermatie animalculæ; they have distinguished, indeed some species, as compressed, but they have not seen in this compression a character of the first importance, and the only one which really separates, with respect to form, the inhabitants of semen from the other *cercariae*, which could not be distinguished systematically without this peculiarity.

The *zoospermae* inhabit with-

out exception the seed of animals of all classes. It is in the epididymes that they are exclusively found, and only in animals in a state of puberty and fecundity. This fact has been already observed by the exact Gleichen; I have ascertained, it for more than ten years past, by repeated experiments. To conclude that the zoospermæ are the necessary cause of fecundity, and that they are secreted by the testicles, would not be sound logic. Hydatids, teniæ, &c. are not secreted by the viscera which serve for their residence: they find a suitable nourishment there, and a *habitat* appropriated to their organization; that is all.

All that is necessary to obtain a good view of the zoospermæ, is to take a testicle either from a living animal, or one that is just dead, or at least before decomposition has taken place, and having made a slight puncture in it, place on the object-stand of a good microscope a portion of the drop of liquid which will escape from it. The zoospermæ will be there in such abundance that they will scarcely be able to move individually, and it will be difficult at first to distinguish them amidst the general agitation. But if this fresh semen be steeped in pure water at the temperature, or nearly at the temperature of the testicle, the animalculæ will be isolated, and we shall then readily see them with a simple lens, a line in thickness; they will appear like a small grain of rice, and their resemblance to tadpoles will strike the observer with astonishment. If we employed

water at a lower temperature, the new sensation felt by the zoospermæ would make them roll into globules, and become motionless. Acidulated water would kill them immediately.

It has been said, that the zoospermæ can live only a few minutes on the object-stand of the microscope; this is a mistake: in general they live but a short time there, because the evaporation changing the nature of the liquid by thickening it, they cannot move in the mass; but if we keep semen, which has been either ejaculated, or taken from a lacerated testicle, plunged in a glass of water at the temperature of the animal, and afterwards, without attending to the gradual cooling, taking care only to prevent putrefaction, which can be done for a considerable length of time, the zoospermæ will live. I have in this way kept them in small vessels for eight or ten days; and this experiment has succeeded, not only with the zoospermæ of frogs, but with those of mammiferous animals, and of man. The moment the preserved semen acquires the least smell, which is not peculiar to it, indicating the first degree of decomposition, the zoospermæ die irretrievably.

The Zoospermæ pass into the vesiculæ seminales, but they do not constitute semen: inhabiting the testicles, they are drawn from them by the fluid, which those organs secrete, as certain intestinal animals are drawn by different causes from the viscera which contain them. Perhaps their rapid motions may produce the mixture of different sub-

stances which compose semen capable of fecundating; this is the function which we may suppose them to perform in the animal economy. If these motions are wanting, the mixture may not take place, and the semen consequently remain imperfect. To suppose that it is the animalcule which fecundates, is an idea hazarded, or revived by Buffon, which is by no means conclusive.

I have calculated that in the semen of a strong and healthy man, a thousand *zoospermæ*, excessively pressed against each other, occupy the space of a square millimetre (half a line). The size of *zoospermæ* is not proportional to that of the animals, which nourish them. That of man is nearly of the same size as that of the cock, and only twice as large as that of the silkworm. The bull's are somewhat larger than ours; those of the horse are somewhat less than those of the male ass, and yet the horse and the ass impregnate the same female, which would not happen if it was the animalcule which impregnated. The same thing would happen in this case which takes place with respect to globules of blood, on which I have remarked, as M. Dumas has also judiciously done, that an animal will live if you inject into its veins globules of blood of equal bulk, whereas he dies in convulsions if you employ for the injection globules of blood of a different bulk from its own. In general, the size of the *zoospermæ* is in the inverse ratio of the size of the animal; the smallest animals have *zoospermæ* propor-

tionably larger, but many of them fewer in number. Reptiles produce the most considerable; those of fish have the longest tails, though it is more difficult to perceive them. I shall shortly publish an engraving in which about 50 species of cercariæ will be carefully represented and described.—*Journal de P<sup>l</sup>*.

#### DEFECT OF ORGANIZATION IN THE EXTERNAL EAR.

By M. BERNARD, HOUSE SURGEON AT THE HOSPITAL DES ENFANS.

A child, named Alexandre Trippet, aged eight years was admitted into the Hospital in the month of September, 1822, for a slight complaint of the bowels. A few days after its admission, we perceived behind the ears, in front of the mastoid processes, a deep funnel-like cavity, the bottom of which was directed upwards and inwards, and by which the patient heard whether the natural opening was closed or not; a stilet introduced into this accidental cavity, penetrated to the depth of several lines.

The cartilaginous portion of the ear had undergone no alteration, only the opening of the meatus auditorius externus was thrown forward, and was narrower than common. The patient's hearing was hard, and he answered only in monosyllables.

The child was on the point of quitting the hospital, when he was attacked by a malignant Angina, which carried him off in a few days. On a careful ex-

amination of the two ears, we discovered the following appearances.

The accidental opening, concealed entirely by the cartilaginous portion of the ear was enlarged, and terminated in the bottom of the meatus auditorius externus, the cartilage of which was interrupted in this place, as we shall presently observe.

There existed no membrane of the tympanum, or small bones of the ear: a very thin mucous membrane lined the cavity of the tympanum, and the two meatus, and was blended exteriorly with the skin; the length of the accidental meatus was from about four to five lines, that of the right side was closed by thick crusts, which could never be extracted during the child's life.

The meatus auditorius externus, slightly contracted, was from five to six lines in length; it was bent anteriorly; the posterior part of its cartilage, interrupted by the internal orifice of the accidental meatus, was attached on one side to the base of the zygomatic process, and on the other to the summit of the mastoidean eminence. This eminence was hollowed at its base to form the posterior paries of the accidental meatus: the mastoidean cells were only covered by a fine lamina of compact substance. The internal parietes of the cavity of the tympanum, and the openings communicating with the labyrinth were observed at the bottom of the meatus auditorius externus.—*Idem*.

*Taliacotian Operation for a New Nose. From the Gazette de Santé, June 15.*

One of the most horrible deformities is undoubtedly that which results from the loss of the nose, and that operation may be regarded as a great triumph of surgery, by which we are enabled to make, if not a perfect, at least a supportable nose by taking a portion of skin sufficient for this purpose from the forehead of the patient. This operation, which has recently been called the *rhinoplastic*, has been successfully performed by Professor DELPECH. The patient who was the subject of it had lost his nose from the effects of syphilitic ulcers; after a long course of treatment, the operation was performed on the 4th of June, 1823. In the month of August following, the cicatrix was perfect, and the patient returned to Toulon, his country, where he became an object of general astonishment, so happily was nature imitated by his artificial nose.

We learn from an English Medical Journal, that Mr. Travers, a Surgeon of St. Thomas's Hospital, recently performed the same operation, but not with the same success, half of the skin detached from the patient's forehead having mortified.

#### *Neurology.*

The faculty of medicine at Montpellier, has just sustained an irreparable loss in respect to the instruction of the numerous pupils of that distinguished school. All those who have had the good fortune to hear the bril-

liant and solid surgical lectures of M. FAGES, will learn with deep regret the death of that professor, which took place on the 4th of this month, at an age when it might have been expected that he had still a long career of honour before him. Other professors may perhaps enjoy a more extensive reputation, but the memory of Professor FAGES will remain indelibly impressed in the hearts of those who have been his pupils.—*Gazette de Santé.*

#### PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM,

BY A. L. J. BAYLE.\*

In the midst of the great questions which divide at present the majority of physicians, the nervous system, its functions and diseases, hold the first rank. But the physiology of this great apparatus of the animal economy being enclosed in much deeper obscurity even than its pathology, has in a particular manner attracted the attention of authors. It has been proposed to determine the respective uses, of each of the numerous parts which enter into its composition. In France and several neighbouring nations, medical men have taken the same object for their researches; analogies drawn from anatomy, and physiology, experiments on animals, pathological observations, nothing has been left untried to lead to the solution of the numerous difficulties, which this subject presents. At present

the results of many of these labours are known, and numerous theories have been published; but it must be owned, that all these theories founded apparently, on the most exact experiments, and strict observations, are more or less contradictory, and opposed to each other, so that after having reflected on them, one arrives at a complete scepticism on the major part of the questions discussed.

In this state of things, physicians, far from being discouraged ought to direct their attention to the nervous system with a new ardour, and make known all the facts which may tend to confirm, modify, or destroy, the opinions put forth respecting its functions. It is with this view that we publish the following facts:—

#### CASE I.

##### *Cancer and Softening of the Spinal Marrow.*

*Fifty-two years of age; at the commencement lancinating pains in the abdomen and chest, afterwards in the pelvis and inferior extremities; sometime after inability of walking and convulsive affections of the lower limbs; insensibility, immobility and flexion with rigidity of these extremities, which are the seat of shooting pains. At the base of the tenth dorsal vertebra, is a tumour, in form like the brain, situated posterior to the marrow which is entirely softened in that part.\**

THERESA MORIN, in the habit of doing needle-work, fifty-two years of age, and who had enjoyed good general health till 1819, when she began to feel lancinating pains in the abdomen and chest. She attributed these to the sup-

\* Drawn up under the inspection of M. HONORE, physician to the *Hospital Necker*, by Dr. COLLIN, and communicated to the ROYAL ACADEMY OF MEDICINE.

pression of the menstrual discharge, because she had often experienced a momentary relief by the application of leeches to the vulva. At the end of a few months these pains left the thorax and abdomen, and manifested themselves with much more violence than before in the pelvis, and lower extremities: but particularly on the left side. The inferior extremities became from that period, the seat of the most varied phenomena; they were at one time cold, at another time stiff and burning, frequently the seat of an intolerable itching which was exceedingly painful; they were either completely motionless, or agitated with convulsive movements; still possessing sufficient strength to support the weight of the body, they could not perform any progressive motion. At last, towards the end of January, 1821, the limbs began to waste, and entirely lost both motion and sensation. All the phenomena related above, were not constant, and did not present exactly the same appearances on their return. The patient sometimes passed several days without experiencing anything but an itching, and darting pains, which commencing from the pelvis appeared to follow the course of the nerves.

The patient had not left her bed, for four months prior to her admission into the hospital (NECKER). At that time the lower extremities were quite stiff and could not be bent without producing considerable pain. They were insensible to all external irritation, but always the seat of acute pains. Notwithstanding the stiffness of the limbs, the skin was soft and flaccid. The vertebral column presented no irregularity, and the patient felt no pain in any part of the spine. The general health appeared pretty good.

All these symptoms continued without presenting any change till the month of January 1823, at which period the legs began to be bent on the thighs, and the thighs on the pelvis; so much so, that the flexion was carried to such a point, that the heels were bent against the nates, and the legs raised to the chest; the forced extension of the limbs, became as painful as the flexion had been; and as soon as they were stretched out, they quickly returned to their former position. The patient continued in this state till her death, which took place on the 6th of October, 1823, after a long suffering.

During the continuance of this long

and severe illness, the patient had, in the month of October 1822, a pleurisy of which she was cured. Two months before her death, several articulations of the left carpus and metacarpus and that of the right knee became inflamed, and the first suppurated for six weeks previous to her dissolution. For some time the strychnine was employed which lessened the convulsive motions, and appeared to give a momentary relief to her sufferings. The acetate of morphia was also administered in the dose, of a grain, without success.

#### *Examination of the body after death.*

Lungs excavated, and filled with tubercles.\* Left lung adhered throughout to the pleura costalis of the side attacked with the inflammation.

The articulations above-mentioned, contained a purulent liquid; their cartilages were irregular, and appeared destroyed in certain points.

The brain was sound; the cerebellum in a good state excepting that on each lobe, posteriorly, there was a small band, from an inch and a half to two inches long, of a white, firm, hard substance, composed of decussated fibres and which adhered very intimately to each other.

The spinal marrow was healthy as far as the level of the tenth dorsal vertebra, where there was found on its posterior part a tumour contained between two small folds of the arachnoid. This oblong tumour, about two inches in length, and placed lengthways in the spinal canal was slightly furrowed on its surface, of rather a firm consistence, a reddish white colour, intersected by small vessels which penetrated into its interior. When cut, it appeared composed of a homogeneous matter somewhat resembling the substance of the brain, but more firm, of a light rose colour, and presenting when torn, small but very distinct granulations. There were numerous minute vessels going in every direction; the tumour did not adhere in any point to the spinal marrow, which in every part corresponding to it, was softened to the consistence of thick paste, to the extent of about two inches, and which towards the most bulky part of the tumour, appeared cut transversely, so that the two portions separated by a small space representing

\* This affection had not been suspected.

two cones resting against each other by their tops. After a very attentive examination of the softened portion of the marrow, no single fibre could be discovered, which had not undergone this alteration.

The limbs were wasted; the nerves did not appear diminished in size.\*

It appears proved by this, and four other cases on record, that limbs, the nerves of which have lost all connexion with the brain, by the spinal marrow being disorganized through its thickness, may preserve to a greater or less degree, and under certain circumstances, sensation and motion, or one only of these powers. Thus the general opinion of the brain being the exclusive seat of these functions falls to the ground.

(Next week we will give two cases of cancer, one of the cerebrum the other of the cerebellum.)

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

The continuation of the case of F. P. in Luke's Ward.

June 23.—Since the introduction of the full-sized catheter he has been very uneasy; there is a slight oozing into the cellular structure from the wound in the perinæum; this was not much noticed by the dresser, and on the following day the scrotum was

\* M. BAYLE mentions four other cases establishing the same point as this does. The first is to be found in the *Journal de Chirurgie de Desault*, tom. iv. page 137; and the remaining three are related in M. OLLIVIER's work on Diseases of the Spinal Marrow.

distended to near half the size, when the extravasation first took place, and it had spread into the integuments of the penis, which was swollen to twice its natural size, although the bladder was emptied three or four times in the day.

25th.—The swelling is not diminished, nor does it appear to be increased, the man is in much pain and the greatest part of the urine passes by the wound in the perinæum. A cold lotion was ordered to be laid over the swollen parts.

26th.—The man is very restless; gets no sleep at night;—tongue furred, but still white; he complains of much pain. The catheter was withdrawn to day, and the urine allowed to escape by the wound, as the catheter does not answer the purpose intended, and it is thought better to let the sore in perinæo become fistulous, until the extravasation is entirely got rid of. The swelling is rather diminished to day.

27th.—Has again had a bad night; looks very dejected, his countenance is very pale, pulse about ninety. The swelling of the penis rather diminished, but still gives him great pain. He continues to apply the wash and takes his former medicines.

28th.—Last evening he had an addition of opium ordered, and had in consequence a more tranquil night; but his sleep has not been refreshing; his tongue thickly furred, but white. His voice is very much altered and there is evidently a great change for the worse within the last two or three days. He has the appearance of a man labouring un-

der extensive visceral disease.—The urine is received on a sponge, but there is still a quantity of pus that flows down and then from the wound. When we have noticed him voiding his urine, it has appeared very turbid. The lower part of the perineum is a little excoriated. He continues his former medicine with an addition of opium and is on the middle diet.

29th.—He slept better last night than he has for some time, the swelling of the penis is much diminished: his pulse is eighty and soft, his tongue is moist;—he complains of being very weak, fomentations of poppy are applied to the parts and afterwards a poultice.

*To be continued in our next.*

I. H. aged fifty, was brought into the accident ward on the 25th of June with a large wound in the throat; the account the persons gave who accompanied him was, that they found him in a field between Brixton and Norwood, lying on his face, and a large quantity of blood by his side. They asked him how it happened, and he acknowledged that he had done it himself, and desired them to take him to some surgeon; he was taken to Brixton and the surgeon recommended him to be brought immediately to Guy's hospital; when brought in he looked very pale, but was quite sensible; yet he would answer very few questions.—The wound reached from a little beyond the extremity of the cornu of the os hyoides on one side, was continued across

the neck in a curved direction downwards, and brought up on the other side to just the same point of the os hyoides. The wound was four inches in extent, it exposed the upper part of the thyroid cartilage and the pomum adami, the broad ligament connecting the os hyoides to the thyroid cartilage was also exposed, and through it was a small opening into the larynx, and the air came freely out at each expiration. In the upper part of the wound on the left side hung a part of the submaxillary gland, which was almost severed from the other part of the gland. He must have made several cuts after the large semicircular incision, as he had detached the integuments upwards and forwards, toward the chin, and had partly divided the anterior belly of the digastricus. The insertions of the omo-hyoidei were distinctly seen. The parts were carefully washed and freed from the hard coagula, which had formed on the edges of the wound, and were brought together by three sutures, and by straps of adhesive plaster between them; a broad piece of adhesive plaster was put across the neck below the wound, and its end carried upwards, which effectually supported the integuments. A thin roller was lightly carried over the whole.—He has been very feverish within the last day or two, and has had also a slight cough.—He has taken some saline medicine, and house physic.

The other accidents admitted this week are, a dislocation of



the humerus into the axilla; this case was well marked by the flattening of the shoulder, by the lengthening of the arm, the elbow carried from the side, and by the head of the bone being felt when the arm was raised towards a right angle with the trunk. It was easily reduced by taking hold of the hand and making extension, and by lifting the head of the bone, by placing the heel in the axilla. A fracture of the ulna—a contusion of the ankle—an injury to the scalp—a scald—a fracture of the clavicle.

No operations have been performed here this week.

### ST. THOMAS'S HOSPITAL.

We give here a short sketch of the case of B. R. in Ann's ward, with the dissection of the amputated limb, and the state of the patient after the operation. She is 32 years of age, of a fair complexion, and scrofulous habit; she was admitted, June 17th, into Ann's for the purpose of having the lower extremity of the left side amputated. She states, that eight years since she received a blow on her knee by the falling of a door which she was endeavouring to take down; that her knee swelled very much, and was so painful that she could not walk; soon after this she came into St. Thomas's hospital, under the care of Mr. CHANDLER, and leeches were frequently applied to the knee, also cold applications, then blis-

ters, and lastly, issues were made; but all to no purpose, the swelling was very little reduced at the end of six weeks, and she left the hospital just as lame as when she came in. It was proposed to amputate, but to this she very properly objected. She has since been under the care of various surgeons in her neighbourhood; but the lameness and pain have been gradually increasing. She lived in or near Sp. talli-bus most of this time, undoubtedly a very bad situation for a person of her description. About three months since an abscess burst about four inches below the head of the tibia, and in a month after another; she could walk only on crutches, and then only a very short distance. She had a short cough and expectorated copiously, occasionally streaked with blood; she could get no sleep at night, and had no appetite, but was always very thirsty. This was just her state a little before she came into the hospital; she appeared very much emaciated, and complained of great pain in her knee, and the slightest movement of it made her shriek from the severe pain it occasioned. The openings before mentioned were observed below the joint and sinuses, leading from the openings into it. The knee was also partially dislocated forwards, evidently pointing out that an ulceration of the ligaments and cartilages had taken place. On asking her why she had stayed so long away from an hospital? she said it was the dread of having the limb amputated, and that it had been on

her mind since the time Mr. CHANDLER first proposed it.—She took a little aperient medicine after her admission, and some little sedative to allay the irritable state of the system, and on the 25th Mr. TRAVERS performed the operation. She had no sleep the night after the operation, complained of violent twitchings of the stump, and had frequent vomitings.—Mr. T. ordered her gr. viij. liq. opii sedativ. to be taken at bed time: but, owing to the mistake or negligence of the nurse, this was not given.

26th. She has vomited frequently throughout the day—complains much of her head—pulse quick, and weak—was ordered the effervescent mixture, to be taken every four hours; this was immediately rejected, and nothing could be kept on her stomach for the day.

27th. Found that she had a little better night, and the sickness had not returned during the night—slept about two or three hours altogether—was sick again this morning—ordered some castor oil, which operated towards the afternoon—has been a little more tranquil since.

28.—The vomiting has not returned; had a better night than the former one, the stump was examined to day partially, and appeared very healthy, there was no erysipelatous inflammation about it and the edges appeared in good apposition, very little discharge from the stump.

29.—Slept soundly last night, feels much more comfortable to day than she has since the operation; bowels have again been

gently acted on by castor oil.—Pulse slower, about eighty, and tongue moist, she takes beef tea, oranges, and little else. If any alteration should take place we will communicate it.

*Dissection of the parts.*—A longitudinal incision was made on the joint by the side of the patella down to the capsular ligament, a part of which only remained, the cartilages covering the head of the tibia and the condyles of the femur were completely ulcerated; the cancellated structure of both bones was also eroded and presented a great many ragged, uneven surfaces, with little spicule projecting, but the whole enveloped in a grumous bloody matter. The posterior crucial ligament was the only peculiar ligament of this joint that remained. The patella was ankylosed at its edges with the condyles of the femur, and its centre internally presented just the same appearance as the other bones. There was a collection of matter in the most depending part of the ham which on being pressed, passed through the lower sinus before mentioned and partly passed into the joint.

The Operations performed this week, are the injection of anhydrocele; and the closing of the ala nasi of the right side, by Mr. GREEN. The cartilage had some time since ulcerated from syphilitic inflammation attacking the part, and left a large opening. Mr. G. pared off the callous edges with a bistoury, and brought the parts together by two sutures and adhesive plaster. A partial adhesion has taken place. The operation was very like that performed

for hare-lip. Also the extraction of a hard cataract, and the amputation already spoken of, by Mr. TRAVERS. And here we cannot compliment Mr. T. on the manner in which the operation was performed; and we are satisfied that the same impression was made on the minds of the greater number of persons present. There appeared to have been no determinate rule observed in its performance; no precise plan followed in the division of the parts; there were portions of muscle to be divided after the knife had described the usual circles about the limb, and after all the patchings and polishings, a ragged stump could only be produced. The bone was divided with short strokes of the saw, interrupted now and then by a catch, and we think we saw a splintered portion fly off with the last stroke of it. This, of course, was the fault of the *assistant* holding the limb,—never any blame attaches to the surgeon in these cases! The dresser also partook of the bungling, in fixing the tourniquet, as there was twice, a jet of arterial blood from the stump, and twice was heard that disagreeable caution during the performance of operations, "Screw up the tourniquet." Ligatures were applied and the stump secured in the usual way. Very few accidents have been admitted this week, and these not of much importance. They are a lacerated wound of the muscles of the forepart of the leg; a severe contusion of the thigh, from a fall from a ladder; a sprain of the ankle joint; and another contused thigh from a blow by a brickbat.

## MIDDLESEX HOSPITAL.

Thursday, June 10th.—George Woolfrey, a healthy lad, æt. 12, was brought here about eight o'clock this evening, in a state of insensibility, from the kick of a horse; his pulse at this period was 50 and weak, his respiration was oppressed but not stertorous, and his pupils were dilated, but not insensible to light, there was a slight convulsive motion of the muscles, of the face, at this period the eyes were turned upwards and the mouth drawn towards the right side. Upon examination it was found that the scalp had been divided about two inches and a half in length, just over and in the direction of the superciliary ridge on the right side, under which the frontal bone was fractured or stove in, and depressed in the shape of a circular spindle, or oval; the long diameter of which measured about an inch and a half, and the shorter about three-quarters of an inch, and upon looking at it, as depressed by the accident, it presented an appearance similar to the concave part of a dessert spoon, from which it did not differ much in size. For the purpose of more minutely examining the nature and extent of the injury, and removing the insulated portions of bone, an incision was made upwards, through the scalp (which had previously been separated from the cranium by the accident), in the centre of, and at right angles with its original laceration or accidental division. A small branch of the temporal artery was divided by this process, which gave out its blood freely at first, but was speedily stopped by compression between the thumb

and finger of the dresser, and another and larger branch, appeared to have been divided by the original laceration, by these means several ounces of blood were lost. The depressed portions of bone, of which there were three, were then removed by the elevator and forceps, during which there was considerable hemorrhage apparently from the minute vessels of the pericranium, and from the bone itself. Upon looking at the dura mater it did not appear to have sustained any injury, the pulsation through it was, however, very evident and strong, and seemed to force the membrane against the rough edges of the fractured bone, with considerable force, sufficient to endanger its abrasion in process of time. Some oiled lint was now placed on the dura mater, the extended wound dressed in the same way and the whole secured by a bandage, and ordered to be kept cool with the lotion of acetated ammoniac.

For some time previous to the operation, he had regained the almost entire possession of his mental faculties, and during the process of extracting the fractured portions of bone, he spoke rationally enough, and complained of his not being able to breathe, "and that we were applying leeches to his head, for he felt them bite."

*V. S. ad.* 3 viii

June 11th.—Last night he had a dose of calomel, and some house medicine afterwards, which he vomited. He has passed a good night, and this morning appears to be very comfortable. His pulse is 100 jerking and full. His bowels have not been open. His skin is rather hot and dry. His

tongue is clean, and he is perfectly sensible. Some disposition to sleep during the day.

*R. Liq. Ammoniac Acetat.* 3 iv

*Mistura Camphoræ* 3 j

*Vini Antimonii Tart.* m xx fl.

*Haustus ter die sumendus.*

June 12th.—Passed a good night, pulse 100 full, tongue a little furred, skin rather hot and dry. He complains of pain in both eyes, and on the palpebrae of the right there is a blush of inflammation. His bowels have not been open since the accident. Some house medicine has been given him and an enema, by which the intestines have been well emptied. Same treatment; draughts, and cold applications to the head.

June 13th.—Pulse about a hundred, full, tongue rather loaded of a whitish colour, skin hot and dry, sensorial powers not affected. Adhesion has taken place between the edges of the scalp divided by the operation. The wound by the accident looks well.

June 14th.—Much the same as yesterday, pulse 120 wiry, sensorium not impaired, bowels open, tongue cleaner, skin more natural.

June 15th.—No particular alteration.

June 16th.—Pulse 84 and rather full, tongue clean, and skin of the healthy temperature, bowels open. The wound looks well and discharges a small quantity of good pus. His sleep is natural and refreshing. The state of the dura mater could not be ascertained, on account of the adhesion already alluded to. Same medicines continued.

June 17th.—Pulse 80 softer, tongue clean, skin natural, bowels not open to day. The wound

looks well, and discharges healthy pus.

June 18th.—Pulse soft and natural, tongue clean. Has regular stools.

June 20th.—Wound looks well and healthy, granulations are forming in it, for which purpose a sufficient quantity of good pus is elaborated.

June 22nd.—His bowels are regular, his appetite good although he is necessarily kept low. The wound looks extremely well. His tongue is clean. His sleep natural and refreshing.

June 23rd.—To-day he says he is not quite so well, and complains of occasional pains in the head, shooting from the seat of the injury towards the occiput. His bowels have not been open since yesterday. His tongue is clean. His pulse 90 and weak, skin natural. Some aperient medicine has been given him, and the cold applications to the head continued.

June 24th.—Pulse 80 weak, tongue clean, skin natural. Has at present a disquieting head-ache with throbbing of the temples, and pain extending towards the occiput increased in the recumbent position. His bowels have been well opened. Same medicines continued. The wound has a healthy appearance.

June 25th.—Pulse 84 weak, tongue clean, skin natural. Has less pain in the head, wound looks well.

June 27th.—Pulse 56 weak, tongue furred, bowels open to-day, skin natural. He has still a disquieting head-ache, though somewhat less so than yesterday. He enjoys very little rest, and has no appetite for food. No alteration has been made in his medicines.

June 28th.—No alteration to-day.

June 29th.—Pulse 64 and fuller, tongue clean, skin natural, bowels open to-day. Has less pain in the head, and says he is much better.

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### DOCTOR MARTIN WALL.

This gentleman, whose death was noticed in our last, was formerly a Fellow of New College, and took his degree of A. M. in 1771, and D. M. in 1777. In 1785, on the death of Dr. PARSONS, he was elected Clinical Professor; his competitor was Dr. W. VIVIAN, of Corpus Christi, Regius Professor of Medicine.

The fund for the foundation of this professorship, was left by will of the Earl of Lichfield, Chancellor of the University, who died in 1772. The professor is elected by the Members of the Convocation, and no person is eligible who shall not have taken a doctor's degree in medicine, five years at least before his election.

Dr. Wall has published: The Medical Tracts of Dr. Foro Wall (his father), collected with the Author's Life, 8vo. 1780; Dissertations on Select Subjects in Chemistry and Medicine, 8vo. 1783; Clinical Observations on the use of Opium in slow Fevers, 8vo. 1786; Malvern Waters, being a republication of Cases formerly collected by his father, and since illustrated by his son, 8vo. 1806. He also wrote some curious papers in the Transactions of the Manchester Literary Society. The father of Dr. Wall was a very eminent practitioner at Worcester,

and celebrated both as a painter and a physician.—*Globe and Traveller.*

#### QUACKERY *alias* SWINDLING.

A fellow of the name of *Munsteall*, who for some time past has been flourishing not an hundred miles from Liverpool, in the character of a Medical Practitioner, and as a Member of the Royal College of Surgeons, in London, has lately deemed it prudent to remove to this Metropolis, and has taken up his residence in the neighbourhood of Cavendish-square. We consider it our duty to caution all persons against having any transactions with this worthless impostor. He has duped and ruined hundreds in the North, and we suspect that it is his intention to be guilty of similar atrocities here. We, however, will frustrate his intention, by exposing to the world, the real character of the nefarious scoundrel; and in doing which, though we shall execute a most irksome task, yet we are confident it will prove of great public service.

#### *Report of the General Fever Hospital from the 20th May to the 20th June, 1824.*

Remained last Report . . . 31  
Since admitted . . . . . 36

Total . . . . . 70

Discharged cured, . . . 30

Died, . . . . . 2

Under treatment . . . . 38

Total, . . . . . 70

#### MEDICAL PROMOTIONS.

DATED JUNE 17, 1824.

90th Foot—Assistant-Surgeon Luke Whitney, from 85th foot, to be Surgeon, vice Morrison, deceased.

97th Ditto—Surgeon Thos. Conolly, from half-pay 5th West Indian Regiment, to be Surgeon.

99th Ditto—Surgeon John Gray Hibbert, from half-pay York Light Infantry Volunteers, to be Surgeon.

Rifle B.—Assistant-Surgeon J. Armstrong, from 1st Regt. of the Rifles, to be Assistant-Surgeon, vice Alexander Campbell, who exchanges.

#### HOSPITAL STAFF.

To be Assistant-Surgeons to the Forces.

Assistant-Surgeon William Dawson, M.D., from half-pay Canadian Fencibles, vice Clifford, exchanged to half-pay. Dated 4th April.

Hospital-Assistant James Rowland Morgan. Dated 25th June, 1824.

Assistant-Surgeon Hugh Caldwell, from half-pay 31st Foot, vice Hospital-Assistant Lomond, appointed to 60th Foot. Dated 25th June, 1824.

#### To be Hospital-Assistants.

Hospital-Assistant John Blackwood, from half-pay, vice Farmer, who exchanges. Dated 25th June, 1824.

#### CAMBRIDGE UNIVERSITY PROMOTIONS.

Bachelors in Physic.—George Shaw, of Caius, and Henry S. Roots, of Jesus.

To be Licentiate in Physic.—E. Lambert, of Pembroke Hall.

Dr. Badham, of Oxford, physician of Kensington, was admitted *ad eundem* of this university.

#### CERTIFICATE.

B. Banuister, Southend, Essex, druggist.

#### PARTNERSHIPS DISSOLVED.

J. Fitch and W. Chambers, Norwich, chemists.—W. Sweeting and J. Newport, Wells, Somerset, surgeons.—J. Rymer and E. Manly, Dean-street, Soho, surgeons.

#### BIRTHS.

At Newmarket on Fergus, the lady of Dr. Frazer, of a son.

#### MARRIED.

On Monday, Mr. Robert Sewell, druggist, Sheffield, to Miss Elizabeth Brown, of the same place.

At Cambridge, Mr. Southey, surgeon, of London, to Martha, youngest daughter of Mr. Hatfield, of Huntingdon.

At Londonderry, T. E. Miller, Esq. M.D. to Frances, daughter of William Scott, Esq. M.D. both of that City.

In Scotland, P. M. D. to F. M. D. of Jamaica, to the eldest daughter of the late Colonel John Robertson.

#### DIED.

At Ballygowan, Ireland, Surgeon J. Rainey, R.N.

At Callan, in his 60th year, Dr. Cumming.

At Cork, Ellen, wife of Mr. R. Fowler, apothecary.

Killed at Sierra Leone, Dr. Beresford Teddle, 2d West India regiment.

On Wednesday, at Castle Cary, Edward Russ, Esq. surgeon.

At Brecon, Wm. Williams, Esq. surgeon, in his 90th year.

In Virginia, 23d April last, Dr. James Murray Brown.

At Belfast, the eminent Dr. Brennan, in the prime of life.

#### NOTICE TO CORRESPONDENTS.

The Title-page and Index to the Third Volume will be given in our next number.—The Third Volume, price 7s. 6d. in boards, may be had at the Publishers.

Incessant applications are made to the Publishers for the Title-page and Index to the second Volume; and at which the Editor feels much surprised, as they were stitched to No. 1 of Vol. III. and therefore it would appear that the omission arises from some irregularity on the part of those persons by whom "THE LANCET" is sold. Those Gentlemen, however, who are still in want of the title-page and index to the second Volume shall receive them on application to "THE LANCET" office. All the back numbers are being reprinted, and Subscribers will be enabled to complete their sets shortly.

We wrote a letter to W. W. and directed as he requested. We were much surprised at not receiving his answer; but the silence of W. W. was, during the last week explained by the letter having been sent back to us from the "Returned Letter Office." There must have been an error in the address sent to us by W. W.

Zoilus shall appear next week.

Other Correspondents shall be noticed in our next.

#### ERRATUM.

In a part of our impression last week, page 305, for "such a small proportion," read "such a proportion."

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# THE LANCET.

Vol. IV.—No. 2.] LONDON, SATURDAY, JULY 18, 1854. [Price 2d.

## SURGICAL LECTURES.

*Twelve, St. Thomas's Hospital.  
Thursday Evening,  
May 13.*

### LECTURE 65.

I shall to-night deviate from my usual custom, and give this evening's Lecture from notes, the subject, of which will be

#### *General Remarks on Syphilis, and on the use of Mercury.*

The symptoms of syphilis are divided into *primary* and *secondary*; chancre and bubo come under the former denomination, and under the latter, sore throat, eruptions, nodes, and disease of the nose; these secondary symptoms are the consequences of the absorption of the venereal poison into the system, and its circulation through the blood.

Some parts of the body are susceptible of being acted upon by the venereal poison, as the brain, lungs, and abdominal viscera; indeed the venereal poison

does not appear to be capable of exercising its destructive influence on the vital organs, or those parts most essential to the welfare and continuance of life; but the bones, muscles, tendons, and skin, readily partake of its malignant nature. As some parts of the body more readily take on the venereal action than others, so some individuals are much sooner than others infected by the venereal poison. Many men, (to their shame be it spoken), make a boast of having kept every description of female society, and yet having always escaped from any attacks of the venereal disease, gonorrhoea as well as chancre.

The time at which the secondary symptoms usually appear is from eight to sixteen weeks generally, sometimes between those two periods; eight weeks may be taken as the earliest period, and sixteen, as the most remote; but in both respects there is a large number of exceptions, for the secondary symptoms are continually ap-



pearing, at an earlier date than the eighth week, and at a much later one than the sixteenth; as a general remark, I may observe, that the tenth week is the most usual time at which they appear: sometimes the appearance of the secondary symptoms is protracted in consequence of the system labouring or suffering under the irritation of another disease, as diarrhoea for example. In my notes, I have written down a number of questions, and which questions I used to be in the habit of putting to myself; you shall now hear what they are, and first

*Is a child liable to be affected by syphilis when in utero?*

Mr. HUNTER said, that a child in utero could not be infected by this disease; now Mr. HUNTER was, unquestionably, a man who possessed so much judgment in his profession, that his opinions are entitled to the greatest respect and attention; he is an authority to which we are all inclined to bow with deference and submission. We must not, however, think so highly of his opinion in opposition to facts, which we have ourselves observed, and if I know any thing of my pro-

fession, I have seen syphilis in a child immediately after birth; therefore in this particular instance, Mr. HUNTER was mistaken. Within twenty-four hours after their entrance into the world, such children have the palms of their hands, the soles of their feet, and the nates, covered with copper-coloured eruptions, and the nails at the same time generally beginning to peel off; and unless something be done for the relief of the little sufferers, they will be quickly carried off from the violence of the disease; indeed, many children do die from it, in consequence of the true nature of the complaint, not being understood by the medical practitioner; in these cases you give the mother a quantity of mercury, the influence of which is communicated to the child, through the medium of the milk, and it becomes cured of the syphilitic disease.

A most curious circumstance connected with this subject is, that a woman, when pregnant, cannot be cured of syphilis; you give mercury and cause the disappearance of the primary symptoms, but after delivery, the secondary effects are very soon manifested in different parts

of the body; the primary symptoms, therefore, are relieved as quickly as usual, but it is evident that the poison is not eradicated from the constitution, by disease breaking forth immediately after the birth of a child. I once saw a lady six months advanced in pregnancy, having an extensive syphilitic eruption, for which mercury was administered, and the eruption disappeared; after this she went her full time, but when delivered, the nates of the child, together with the palms of the hands, and the soles of the feet were, covered by a genuine syphilitic eruption. I gave the child *Hydrag. cu. Cret.*; under this treatment it manifested little improvement.

A month afterwards I saw the mother, she had an ulcerated sore throat, and syphilis, altogether as well marked, as in any case I ever witnessed; mercury was again given to her, when both parent and child perfectly recovered. Since the occurrence of the above case, I have witnessed several similar ones, in each of which the secondary symptoms could not be completely cured during the pregnant state. I think, however, that a pregnant woman

may be cured of the primary syphilitic symptoms, although not of the secondary.

The next question I have put down in my notes, is this:—

*Does much inflammation usually attend syphilis?*

No direct answer can be given to this question, for the degree of inflammation which attends is proportioned to the healthy, or irritable state of the patient. In a healthy person the venereal disease is slow in its progress, and but little inflammation accompanies it; on the other hand, in the irritable person it is rapid in its progress, and accompanied by considerable inflammatory action; therefore the differences which characterise the syphilitic disease in various persons do not arise from any peculiarity of the poison itself, but from the peculiar condition of the person on whom it falls; exactly similar to what often happens in small pox, two men receiving the infection from the same individual shall have the disease, one particularly mild, while in the other it is of a malignant confluent kind, therefore the degree of inflammation or manifestations of violence which mark the course of the disease, are not to be attri-

based to any peculiarity existing in the poison, but solely from the particular condition of the infected person. Although syphilis is not at first a malignant, yet it must always be considered a serious complaint, and should command the most decided attention. Though not at first malignant, consisting merely of chancre or bubo, it soon becomes so, unless its chancre be checked, and its progress will be marked by the secondary symptoms, which I have already described.

Therefore, in answer to the question just now put, what I should say is this, one constitution upon receiving the venereal poison, will have in it a considerable degree of inflammatory action excited, quickly leading to the destruction of life, whilst another constitution will scarcely be influenced by the reception of the venereal poison. The next question I ask myself is,

*Whether there is any constitutional affection produced in syphilitic disease?*

I am again compelled to say, that that great authority, Mr. HUNTER, is also wrong here; for he has stated that the disease is merely local. What, gentlemen, should I say if one of you were

to come to me to-morrow, stating that you had a chancre about eight, nine, or ten weeks ago, and that you had felt yourself exceedingly indisposed; having evening exacerbations, fever and sore throat, and that at length your body had become covered with a copper-coloured eruption; how can we say that there is no constitutional affection here; do not the evening exacerbations which commence about five o'clock, and do not terminate till two or later in the morning, plainly show that the disease when so far advanced is constitutional? most certainly it is so, and can scarcely be any longer a matter of dispute.

It is not necessary that you should study much for the purpose of being enabled to understand this constitutional influence; go to-morrow into the foul wards of these hospitals, find any man there having venereal sore throat; you will ask him but very few questions before you are convinced that the constitutional influence has been produced. The next question I have put down is,

*Whether the matter of secondary venereal ulcers be infectious, or not?*

Mr. HUNTER said that it was

not so; however, for my own part, from what I have both seen and heard, I should hesitate for a considerable time before I could join in this assertion. A physician of my acquaintance witnessed the following case:—a gentleman came from the country in an exceedingly anxious state of mind, and evidently very much agitated, for the purpose of consulting him, respecting an eruption which existed on the body of his lady; accordingly the doctor visited the lady, and found the eruption to be venereal. The doctor asked the gentleman how long he had been married, and he replied six months, he added, that four months before marriage, he had a sore on the penis, which was healed by local application; three months after marriage both his wife and himself, had bad sore throats, which were soon cured by taking mercury. During this time, and during the existence of the venereal eruptions, not knowing the nature of the complaint, the consubial intercourse had been continued. Now, if any dependance can be placed upon the report of this gentleman, the case is most decisive of the matter of secondary ulcer being capable of propa-

gating the disease, for he had no primary symptoms by which the complaint could have been communicated to his wife, as the chancre was healed four months previous to marriage. I do not know, but I believe the disease may be communicated through the influence of the parent's, or the nurse's, milk. I believe that I have seen examples of this description.

*Is the matter of Bubo infectious?*

Not as far as experiments have gone, the matter of bubo inserted in the skin, has produced no appearance of chancre; for my own part I think there is but very little difference between the matter of bubo, and that of common abscess.

*Are gonorrhoea and syphilis the same disease?*

On this point there is no difficulty, for any one to satisfy himself, and he will soon be convinced that there are no two diseases in the world more decidedly different. Now, gentlemen, to prove this, let a man who has a very bad gonorrhoea, apply four or half a dozen leeches near the glans penis, and then draw over the skin, so that the sores made by the leeches, may

be embedded in the gonorrhoeal matter; well, gentlemen, will chancres be the consequence? will secondary symptoms ensue as consequences of the experiment? No. Neither one nor the other will be seen, and one cannot well conceive a more conclusive fact than this.

Mr. THURSTON, in 1891, made the following experiment on a young *cantab*: having gonorrhoea in an excessive degree, with ardor urinæ. Mr. T. took some of the discharge and introduced it into the prepuce; he inserted it in two places, thus making two sores; both wounds however healed kindly without producing the slightest appearance of chancre, or the most trivial constitutional symptom. After such experiments as these, it would be madness to say the two diseases are alike; and those persons who think so, entertain wrong notions of the subject, or unfortunately their minds may be governed by prejudice, and consequently are incapable of receiving proper impressions. Let me urge you, therefore, not to continue to think, that gonorrhoea and syphilis are the same disease. The next question is this,

*Are those parts of the body which*

*are liable to Syphilis, subject to other diseases similar in appearance to syphilitic?*

Yes, the glans penis, for example, is subject to ulceration from various causes, and the ulcers occasionally very much resemble chancre; this last sore, however, often possesses a specific character by which its true nature can with the utmost correctness be ascertained. Although you are thus frequently enabled to determine that a sore is really chancreous, thus capable of confidently asserting that it is syphilitic, yet at the same time there is often great difficulty in saying what is not so; for example, excoriations may exist on the glans, to which syphilitic matter may have been applied, and the poison may have entered into the constitution, through the medium of those broken surfaces, without having time to produce in the sores themselves the true syphilitic character; if therefore a patient were to come to you under such circumstances, and after having had connection with a suspicious person, if he were to inquire of you whether the sores were syphilitic or not, you had better explain to him what I have just stated to you; and likewise tell him, that

although the ulcers have not then the syphilitic aspect, yet that he may in reality be infected, but that there has not been sufficient time for the parts to assume their peculiarly marked syphilitic character; tell him to make his mind easy, watch the appearance of the parts, let him watch and see the result, without subjecting himself at all hazards to a course of mercury, for the cure of a disease which never required its employment. Mercury itself, unfortunately, produces diseases very similar, both in appearance and effect, to syphilis. I recollect at the commencement of my studies, at these hospitals, one day on going round the wards with a surgeon, having been very much surprised to see mercury so indiscriminately employed, and at seeing every poor emaciated wretch continually rubbing in; there was one individual I remember, in a dreadful state, who had been using mercury for a great length of time, and under which treatment he continued to get rather worse than better, in this case I took the liberty of suggesting the propriety of discontinuing the mercury, when in a short time the patient became completely cured. Mer-

cury in reality, when given injudiciously, or to excess, will sometimes produce ulcers, which a man of little experience would say were venereal. Again, in ulcerated sore throat, a careless observer, might mistake common ulcers for venereal ones, the former, however, are known to be superficial and may generally be removed by ordinary purgatives, whereas the latter, are deep with elevated edges, having the same appearance as chancres on the penis. I recollect a gentleman once coming to me, and standing before me as well as he could, "Pray, sir," said he, "what do you think is the matter with me?" "What!" said I, "why you are poxed up to the eyes," seeing him in such a state, this was my involuntary reply, not the most elegant certainly. I told him that he was not then in a fit state to take mercury, being emaciated and in a state of great irritability, and that he had better for a time go to the sea side, use the warm bath, and then return to me again. Some time afterwards he did return, so much altered that I did not know him, for he was looking florid, and had grown quite lusty. He told me that he had

come back perfectly recovered, without having taken a single grain of mercury; therefore, gentlemen, when you see disease situated in those parts liable to syphilis, and which disease resembles syphilis, you should be particularly cautious in forming your judgment, and take care not to submit your patient to a course of mercury, which will probably render his condition a thousand times worse. Before you administer a course of mercury, you should possess the most unequivocal evidence of its being required; and when you are in doubt as to the nature of those diseases which resemble syphilis, your best plan will be to administer five grains of the *pil. hydrarg. submur. compos. omni nocte et 3 viij decoct. sarsaparil. compos.* two or three times in the day; these medicines will be found the best for the cure of the disease upon the principle of restoring the secretions.

The next question is,

*Is syphilis always progressive without the use of Mercury?*

The answer to it will be found in the reply to the following question,

*Is chancre curable without the use of Mercury?*

To this I reply, that mercury

is by no means necessary to procure the healing of chancres, at least not always. Some chancres certainly will not heal without mercury, and this is more especially the case, when they are deep seated, or of long standing; but, on the other hand, when the sore is slight, superficial, and recent, a wash composed of brandy and water, or wine and water, will often cause them to heal without any other application; therefore mercury is by no means always necessary to procure the healing of chancres; but chancre, as described by Mr. HUNTER, and according to his account, will not heal without it; it is now, however, well known that the position taken by Mr. HUNTER, is untenable, and that mercury is not in every instance necessary to accomplish the healing of chancres.

*On the influence of Mercury on the human body?*

The *modus operandi* of mercury has been supposed to be, that of exciting the system, a general fever which overcomes and subdues the syphilitic action. This may or may not be true. God only knows. We are well acquainted with the fact, that many medicines have a specific

influence over certain diseases, that they cure those diseases; but we know nothing of the peculiar mode of action on the part of the medicine, by which it overpowers and destroys the disease. Would not a man be laughed at, who attempted to point out the manner in which bark cures ague, or colchicum gout; in the present state of our knowledge, it is impossible satisfactorily to account for these phenomena; sufficient experiments have not yet been made, to guide our judgment or direct our minds towards a correct and positive conclusion. To possess satisfactory information on this point may be desirable; but I consider it of much more consequence to know how to effectually cure a disease, and to prevent its return. I say, if a surgeon once permit the secondary symptoms of syphilis to appear, that it is difficult to say where the dangerous consequences will terminate—difficult to point out what may prove the sequel. Gentlemen, I can tell you that twenty years ago, it was considered a great disgrace to a surgeon to permit secondary symptoms to appear; at that time the great object was to effectually cure the primary symptoms, so

as altogether to prevent the occurrence of the secondary; unfortunately at the present time, secondary symptoms present themselves to our notice and much more frequently than 20 years ago. I will tell you how it happens, practitioners at that period, were in the habit of giving mercury in every case of venereal disease whether primary or secondary, and administered the remedy with a regularity and caution which I wish were observed at the present day; they used to exhibit the mercury not only whilst the disease lasted, but for some time after it had disappeared, and their usual practice was to give it, three weeks for chancre, a month for a chancre and bubo; and if for secondary symptoms, the remedy was continued for a still longer period: though the disease should disappear quickly after beginning the mercury, yet remember that it is not cured, and the medicine should be continued for the above mentioned periods; if the medicine be omitted for two or three days, you should consider this as so much lost time, and it must not be forgotten in the aggregate account; three weeks will be generally found a sufficient length of time



for the cure of the chancre ; a month for chancre and bubo ; and in case of secondary symptoms, the patient will not be safe, until the expiration of five or six weeks. Persons often go to medical men with chancres, receive from the practitioners a box or two of pills and are then sent about their business ; a man had better never visit a doctor at all, than be submitted to such treatment as this ; it is often calculated to throw him off his guard, may lead him to suppose that he is cured, when in reality he is not so, and may ultimately terminate in the complete destruction of his constitution.

Sometimes mercury disagrees with the patient, then of course you must either discontinue it, or temper it by combining it with some other medicine calculated to prevent its disturbing the constitution, if the patient be too irritable to take mercury, and you should find this to be the case, cease for a while to administer it, improve the general health, when its employment may be again resumed. I may here observe to you, that when a man is in health, mercury will generally agree with him very well, but if feeble or irritable, it then often induces sloughing,

and severe constitutional irritation.

The best form in which mercury can be given is that of the blue pill, ten grains at night and ten in the morning ; ten at night and ten in the morning is the utmost extent to which the dose should be carried ; In ordinary cases ten grains at night and five in the morning will be found quite sufficient ; should the mercury produce diarrhoea, a quarter of a grain of opium should be added to every five grains of the blue pill. As the compound decoction of sarsaparilla assists the action of the mercury, a half a pint of it, may be taken 2 or 3 times in the course of every day, while under the mercurial influence ; as to rubbing in the mercurial ointment, it is seldom done perfectly, and is seldom adopted except where the internal exhibition of the medicine, occasions so much disorder of the stomach and bowels, that it cannot be introduced into the system any other way. About the time that I commenced practice, (not hospital practice) a woman mentioned a curious circumstance to me, which was that she had been taking mercury, and that it had occasioned the salivation of her child, without having produced

any obvious effect upon herself. Another curious circumstance, is that no mercury can be found in the blood or secretions of those who are in a state of salivation. I sent to Mr. ALLEN a pint of blood taken from a salivated person, I also sent him a quart of saliva ejected by a person in a similar state and also a quart of urine, with a request that he would subject them to the most minute chemical analysis, for the purpose of discovering, whether any mercury could be detected in either, yet not an atom could be discovered; now you all know that the thousandth part of the oxy muriate of mercury, might be detected in several pints of water or in blood.

The last circumstance connected with this subject to which I shall call your attention, is the most important of all, and which is this, viz.

*Is any other medicine but mercury capable of curing syphilis?*

Remedy, after remedy has been sent forth to the world, as having the power to effect this; and now I will tell you all that I know respecting the matter; Mr. ROSE, late of the Guards, now an eminent surgeon at the great end of the town, about eight or ten years ago, very

laudably tried numerous interesting experiments for the purpose of attempting to cure the venereal disease; also with a view to ascertain what number of persons would be affected by secondary symptoms if the mercury was not employed. Mr. ROSE found that the primary symptoms of the syphilis could be readily cured without the aid of mercury, and that out of every three patients so treated, one was afflicted with syphilitic secondary symptoms.

Now, gentlemen, I saw Mr. ROSE upon the subject, he is a very sensible candid man, and upon whose experiments the utmost reliance may be placed; another surgeon says, that two out of every nine, have secondary symptoms, making one out of every four and a half. I rely however upon the statement made by Mr. ROSE. If secondary symptoms did present themselves they were treated without mercury and would disappear, would come again, and again disappear; still not being satisfied with this, I said to Mr. ROSE, "now, Mr. if a gentleman were to come under your care, what would you do,—would you give him mercury or not." Mr. ROSE was not like some men, so wedded to his system as

to have his mind fettered by prejudice, and he with much sense replied, that he should certainly give the patient mercury; and gentlemen, I advise you to do the same; I will not say that those persons are dishonest who recommend contrary practice, but if they had seen what I have, I am sure they would still place their reliance in the use of mercury. Some men are so prejudiced in favour of particular remedies, that the strongest possible facts which can be brought forward in opposition to their opinions are not capable of producing the slightest alteration, or even a transient impression of their error. Now for a case in point, a gentleman went to a surgeon in the month of January, showed him a sore upon his penis, and asked him what it was; "Why, chancre," said the surgeon, "you must take sarsaparilla." He went to him again in February, telling him that it appeared again, and on asking the surgeon what he was to do, the surgeon replied, "you must take sarsaparilla."—He repeated his visit in March, stating that although his sore had vanished for a time, yet it had again appeared in the same situation. "Well," said the surgeon, "you must take sarsaparilla;" in June

the patient repeated his visit, having at the time a venereal sore throat, together with a copper-coloured eruption on the skin, and said he to the doctor, "What am I to do now?" "take sarsaparilla;" the use of which caused the disappearance of the secondary symptoms, but in the following August violent inflammation made its appearance in both eyes, so that the gentleman was obliged to be kept in a dark room, to be bled, purged, and kept on the lowest possible diet; and notwithstanding all these precautions, the virulence of the inflammation endangered the loss of his eyes; at length the inflammation of the eyes having been subdued, in the ensuing September, a venereal eruption again made its appearance on the skin; there were also pains in the bones, and a sore throat; the gentleman again visited his doctor, and inquired once more what he must do to rid himself of his horrible complaints, "Why," says the doctor very gravely, "why, you must take sarsaparilla!" and, replied the gentleman, "I'll be d—d if I do, (excessive laughter) but I will take advice," and shortly afterwards he consulted me. At the time I saw him, he had severe pains in the

feet and joints, venereal eruptions on the skin, and an ulcerated throat, he asked me what was his disease, and I at once told him, confirmed syphilis; he then detailed to me the history I have just mentioned to you. "Well, sir," said I, "adhere to the old Dutch motto, 'do right and never look back,' and give yourself no uneasiness about the past, as what has happened cannot be prevented." I prescribed for him ten grains of blue pill night and morning, and a quarter of a grain of opium to each pill; about ten or eleven weeks afterwards, he called upon me and his appearance had undergone so great a change, that I had entirely forgotten him; he soon however, informed me who he was, and stated that he was completely restored to health. I mention this case to you, to show you both the folly, and the danger of treating the primary symptoms of syphilis with any other remedy than mercury, and also to point out to you, the dangerous consequences of being prejudiced in favour of a remedy, and which prejudices the repeated failure of the remedy could not surmount. Now, if you should unfortunately neglect to give mercury for the removal of primary syphilitic

symptoms, let me exhort you never to be guilty of a similar neglect as regards the secondary, but the moment they are presented to your notice, that instant commence exhibiting mercury, if the state of the patient will permit. All secondary symptoms, I am positive, may be prevented by a few grains of blue pill judiciously given. In saying this, do not let me refuse that tribute which is due to the ability and candour of Mr. Ross, whose experiments were conducted in a very judicious manner, and their results faithfully and honestly communicated to the profession. If then under the most favourable circumstances, and under the most judicious management, secondary symptoms will appear, unless mercury be employed, is it right to withhold that remedy from those who are afflicted with the venereal disease. Recollect gentlemen who Mr. Ross's patients were; they were soldiers under orders; at the command of their officers; and whatever reasonable thing they were ordered to do, they were obliged to comply with; you cannot expect your patients to be so circumstanced, nor will you find them subordinate; considering all the circumstances, I strenuously and

considerately advise you to adopt that plan which I have so often felt it my duty to give you in the course of this lecture, I have only one more observation to make, which is, that syphilis should be cured by a slight and not by a violent mercurial action; continue to give it for the period, I have already mentioned, but do not produce what is commonly termed salivation; it would rather prove injurious than beneficial.

At the conclusion of the lecture there was loud and continued cheering.

### CHEMISTRY.

Before we can proceed further in our enquiry, respecting the nature and application of heat, with any satisfaction to ourselves or improvement of our readers, it will be necessary for us to examine some of the phenomena and laws connected with electrical action; because the two subjects are so intimately blended that it will be necessary for us to refer to several of the facts connected with this last subject in explanation of several circumstances regarding the former. Electricity being also of

the first importance in chemical changes, is indispensably necessary to be examined by the chemical enquirer, to enable him justly to appreciate those changes which are effected in his experiments, we shall therefore notice this subject at once.

The power of electricity in producing chemical changes, appears to be overrated in many cases, and not sufficiently valued in others, and as one of our objects is to enable our readers to think for themselves on the theoretical parts of chemical science, we shall not only state our own doctrines, the experiments on which they are founded, and the new facts which develop themselves in our own particular studies; but those also which we are enabled to gather from other, and more valuable quarters. We shall trace the subject of electricity through its regular gradations, stopping occasionally to point out those parts which more immediately bear on chemistry and physiology. The history of electricity we need not enter into, as it may be found in almost every work on the subject; we may however state in passing, that its influence is of comparatively modern discovery.

If a dry wine glass be rubbed

by a piece of flannel or the skirt of a coat, it will acquire the property of attracting light substances; this may be shown by bringing it at this moment near small pieces of cork or feathers. One property of attraction which the glass acquires by rubbing, is occasioned either by a *property of matter* itself, or by the disturbance of some *subtle material fluid* existing in the glass or flannel. As this subject is not yet sufficiently known to enable modern philosophers to say, whether it be matter or not, they have contented themselves with the term "*Electricity*," which may be understood to mean either the electrical *fluid* or electrical *property*. We shall here adopt the term electricity in this light, viz. to mean the phenomenon occasioned, without at present stating our opinion whether we regard it really as matter or not.

Electricity, like heat, is conducted with great facility by some bodies, while it is retained by others, or passes them with great difficulty. The former set of substances are technically called "*conductors*," while the latter are termed "*non-conductors*." Any non-conducting sub-

stance will retain electricity sufficiently long after it has been excited to enable us to show its various phenomena; from which it may be transmitted to another situation, or through various substances by means of *conductors*. It may be accumulated in large quantities in proper apparatus, by which means its peculiar effects are rendered more sensible during the performance of experiments.

Not only glass, but also amber, resin, wax, &c. may be excited by simple friction, in the manner above described, because these substances are non-conductors, and therefore retain it. Conductors of electricity, (and among the best, we may reckon the metals) are also capable of being excited and rendered electric; but as these substances so rapidly conduct away electricity, it is no sooner accumulated on them, than it is discharged to some distant situation or dissipated in the atmosphere; and hence the reason that, under common circumstances, we cannot make a piece of metal show signs of electricity. As this fact destroys the idea of *electrics* and *non-electrics*, terms at present given to conductors and non-conductors, we shall detail some facts in our next number to prove the correctness of our assertion.

### Foreign Department.

In our last number we gave an interesting case of cancer of the spinal marrow that had been presented to the Royal Academy of Medicine at Paris, together with some remarks on it by M. BAYLE, whose zeal in the pursuit of morbid anatomy must be familiar to all who have paid any attention to the labours of the French in this branch of medical science. The object of this distinguished pathologist in the case to which we allude, and the two following, is to illustrate some points connected with the pathology and physiology of the nervous system.

#### *Cancer of the Brain.*

Oct. 29.—Epileptic attacks preceded by delirium, without pain or paralysis of any part; six years after recurrence of the complaint, succeeded by mental derangement, remission during a year; then attacks frequently repeated; apoplectic state, and death. *Two scirrhous tumours on the anterior part of the hemisphere of the brain.*

Mlle. J., set. 29 years of a delicate and irritable constitution; belonged to a healthy family, and had always enjoyed a good state of health. She was educated with considerable care, and for some time past had devoted herself to the instruction of young ladies, when she was seized in 1817 with epileptic attacks. These attacks, which were rather rare in their occurrence, but generally pre-

ceded by delirium, and occasionally very violent agitation, consisted in a sudden loss of the senses, accompanied by convulsive motions in all the limbs, which were succeeded, after the lapse of a minute or two by the return of sensation and voluntary motion and a kind of stupor, which soon left her.

Towards the end of 1821, the entrance of some thieves into the house where she lived, gave her a considerable shock. In a fortnight's time, the attacks returned as often as ten times a day, followed by paroxysms of madness. Agitation, loquacity, incoherence in the ideas, hallucinations relative to religious concerns and severe pains in the head were the most prominent features of her condition at this period; in eight days she became composed, and her reason returned.

A short time after she was placed in a lunatic asylum, where she remained more than twelve months, without experiencing any attacks, or pain in the head, or the slightest symptom of mental alienation. She then soon returned to her former pursuits.

But this young lady had scarcely been at home a month, when the attention she was obliged to give to her regular occupations, and probably some unpleasant domestic occurrences, produced a return of the epileptic attacks, which were soon followed by delirium. Re-admitted in 1823, into a lunatic asylum, she continued there for several months just in the same state. She spoke without sense, and very

incoherently, principally on religious subjects; she did not enjoy a moment's repose, and was frequently obliged to be confined with a straight waistcoat, but she had no epileptic attacks. In a short time her health and senses were restored, in fact there was no local derangement whatever. This state, however, was of short duration. The attacks of epilepsy soon returned, followed by extremely violent paroxysms of madness; the maniacal symptoms had considerably diminished towards the end of the year, when the patient was seized with fresh attacks, which occurred several times in the same day. All the means employed were unavailing. She soon fell into an apoplectic state, and died.

On opening the body, two tumours were found nearly of the thickness of an egg, situated on the anterior part of the hemispheres of the brain.

#### *Reflections.*

The case which has just been detailed is worthy of observation, because it presents us with a very serious injury of the hemispheres of the brain, without any of those symptoms which usually attend this complaint. We know, indeed, that the cancer of the brain always occasions a pain in the head, more or less severe, and intermittent; and at some period of the disease hemiplegia supervenes; to these symptoms, which constitute the true character of the disease, are added, it is true, attacks of epilepsy, and derangement of the faculties.

In the above case there were observed at the period of the

complaint, either an embolized state of the locomotory powers, or paralysis of any kind. The epilepsy with which the patient was attacked, and which it would be difficult to attribute to any other cause than the cancer cerebri, did not present any difference from common epilepsy which in general is not accompanied by any apparent lesion of the brain. The paroxysm of madness which followed the attacks would of themselves have been sufficient to withdraw the attention from the idea of cancer of the brain; for this complaint is not in general attended by this symptom. Thus the foregoing case shows, that under certain circumstances it is impossible to form a diagnosis of the existence of cancer of the brain. In a physiological point of view, it is curious to see two large tumours pressing on the hemispheres of the brain without producing any permanent disturbance of sensation, motion, or the intellectual faculties.

#### *Cancer of the Cerebellum.*

At 33 years; an occasional lancinating pain for several years at the posterior inferior part of the right side of the cranium; attacks more or less repeated of vertigo with loss of recollection and slight mental aberration; then feeble state of the mind and locomotory powers; no hemiplegia; sudden death. *Lateral Ventricles distended with serum; encephaloid tumour in the right hemisphere of the cerebellum.*

FRANCIS CLIQUET, thirty-three years of age, of a sanguineous bilious temperament, and strong constitution was admitted into the hospital NROGNE, Dec. 21st, 1823. He had suffered, at times, for several years past, a dull pain; sometimes, however,



swell, at the posterior inferior part of the right side of the chest. At no period of his life had he received a blow on the head. In the course of June 1823, whilst carrying rather a heavy load, he was seized with dizziness before the eyes and vertigo, which continued for a quarter of an hour without the loss of his senses. These symptoms having increased in severity during the last month, he applied to the hospital for assistance. The patient had not undergone any kind of treatment, excepting that at one time a dozen leeches were applied to the nape of the neck, from which he did not derive any marked relief. The following are the symptoms which presented themselves on his admission: countenance pale, knitting of the eye-brows, features constantly expanded by a stupid smile, particularly when any enquiry was put to the patient respecting his state. Walk similar to that of a person inebriated. Nearly total loss of words, excepting those which related to his own occupation, which was that of a cook.—Pulse, appetite, secretions, &c. natural.

The patient declared that he had never contracted any venereal complaint, and that he had not been addicted to excesses of any kind. Nothing particular was ordered for him, as the medical attendants were anxious before any plan of treatment was laid down, to see the patient in one of his attacks.

December 22, 23, and 24, in the same state. Dec. 25. In the morning the pupils were slightly

dilated; the other symptoms were the same. In the evening the patient was extremely quiet; he only answered by monosyllables, questions which were put to him, and did not appear to be in any pain. Continued in the same state during the night. Expired suddenly on the 26th, at half-past seven in the morning, without convulsions or even any apparent alteration of his countenance.

#### *Inspectio Cadaveris.*

The principal appearances were observed in the brain and cerebellum, the other parts presented no marked change.

#### *Brain.*

On lifting the calvarium there escaped from the sinusses a good deal of dark fluid blood; injection of the vessels under the arachnoid; folds of the brain flattened, substance of the cerebrum dense and firmer than usual; lateral and middle ventricles enormously distended by a limpid colourless serum, the quantity being about two glass fulls. The brain was so firm that when the ventricles had been emptied, the parietes were not depressed, and the whole extent of the cavity could be easily seen.

#### *Cerebellum.*

Softer in proportion than the cerebrum, but appearing to be about the usual firmness; in making a perpendicular section of the right hemisphere, the blade of the scalpel struck against a body harder than the medullary pulp, crackling when cut into, particularly in the centre, of the thickness of a moderate nut, but altogether of a very irregular form. It presented the appearance

the hemisphere, rather inclined to its inferior part. Its consistence was not the same throughout; thus in the centre it was rather hard and crackling under the scalpel, whilst it became less solid as it approached the circumference. The colour was slightly white, grey, and blue. No traces of fibres were to be seen throughout its structure, but a collection of small grains similar to those of snow when reduced into a mass. All the softened points were surrounded by a viscid tenacious substance, especially towards the lower part of the tumour; which in this direction was divided into three small lobes, and were attached to three small tumours by a narrow peduncle.

*Experiments on Menstrual Blood.* Dr. Francesco Lavagna nephew of the distinguished physician who first recommended the use of injections of ammonia\* up the vagina in amenorrhoea has been making some experiments on the blood secreted from the uterus during menstruation, and which he states to differ from other blood only in its possessing little or no fibrine.

*Belladonna, as a Preventive of Scarlatina.*

The *Archives Generales* of last month contains a long article from the pen of M. ERNEST MARTINI, on the employment of belladonna against scarlatina. It has been extensively used by the German physicians, and with the most decided success; for

children who had taken this medicine, and were exposed to the influence of scarlet fever in general escaped, while those who did not take it, and were placed in the same circumstances, were generally attacked by it. Two grains of recently prepared extract of belladonna, dissolved in an ounce of cinnamon-water, form the mixture, of which two or three drops are to be given to children of a twelvemonth old and under, morning and evening. This dose, increased by as many drops as the child has years, is carried to twelve drops, which is the maximum both for children of twelve years of age, as well as for individuals who are older. The principle on which it is given, is that of curing diseases by the exhibition of remedies which produce symptoms similar to those of the disease of itself, a mode of treatment introduced by Dr. HAN-NEMANN.

We shall give next week a detailed account of the talia-cotian operation, performed by M. DELPECH, and mentioned in our last, together with some comments on the cause of failure in Mr. TRAVERS's case.

We understand that the 'hole and corner' surgeons at St. Thomas's, are exclaiming, '*Parce nobis, precamur*, we will, therefore, spare them for one week longer.

We had intended saying a few words to Dr. J. JOHNSON, concerning his sage remarks on M. Magendie's experiments. We must postpone it, however, to a future number.

\* Since the publication of Dr. Lavagna's cases in *The Lancet*, this remedy has been used by Dr. J. and St. Thomas's with success, as well as in private practice.

*To the Editor of the Lancet.*

Sir,—As my knowledge of Mr. Jukes and Mr. Scott, and their proceedings since June 1822, (when my acquaintance with them commenced) warranted a belief that they would not be over scrupulous in the observance of professional etiquette, I confess I was not much surprized at the letter of Mr. Read, in "The Lancet" of the 15th of May last, in which Messrs. Jukes and Scott's names are referred to. As you have, in your inestimable and widely diffused Journal, given publicity to a variety of letters and statements respecting "*The Stomach Syringe*," I have not the least doubt that you will afford equal publicity to the present. In that hope, therefore, I beg to correct an erroneous impression which you, and thousands of others have hitherto laboured under on this subject; by stating broadly, that the *first Syringe* (in England at least) for the express purpose of withdrawing poison from the stomach, was made by my workmen, under my special direction, on the 2d of July, 1822, without the slightest hint or suggestion from Mr. Jukes, Mr. Scott, or any other person; and that previous to Mr. Read's exhibiting his Syringe at the Borough Hospitals on the 21st of November last, I had sold upwards of *twenty* for this special purpose. One of which, to Mr. Ward, of Nottingham, had been used by that gentleman successfully, in an actual case of poisoning by laudanum, of a female in an ad-

vanced state of pregnancy, to whom he was called, and who was afterwards safely delivered.

This case occurred also previous to Read's visit to Gay's, and was mentioned in several principal papers. So much at present, therefore, for the consistency of Messrs. Jukes and Scott, the "*novelty*" of Mr. Read's *invention*, and Sir Astley Cooper's extraordinary eulogiums upon those persons. But as I cannot expect to occupy your pages with more minute detail, I have determined, by the advice of many valued friends, to announce to your readers that I have nearly ready for the press, in a distinct pamphlet, "*An Address to the Medical and Surgical Profession of England, Scotland, and Ireland, containing a Narrative of Facts, and Observations, illustrative of the Motives of Mr. Jukes (aided by that "Eminent Practitioner," his friend, Mr. Scott) in imposing upon the Surgical Profession and the Public, by assuming a character, to which he knew he was not intitled, namely, "Inventor" of the Stomach Syringe, together with such important additional information, as will create no small surprize in the profession.*"

This "*Address*" I expect will be published within fourteen days from this date, and I shall have the honour of sending you one of the first copies for review, if you should deem it deserving such notice. Nor am I unmindful of the necessity to account for my *unusually* extraordinary delay in making this disclosure, which will be satisfactorily done, but in the mean

time, I beg to state, that the delay has been occasioned by circumstances over which I had no controul.

I am, Sir,

Your most Obedient Servant,  
JOHN GILL.

45, Salisbury-square, Fleet-street,  
(late of Warwick-place, Bedford-row.)  
17th July, 1824.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

The continuation of the case of F. P. in Luke.

June 30.—He left off taking the soda and opium as he said it kept his head always giddy, and although he had a restless night he could not be persuaded this morning July 1st to resume it. He has found the poppy fomentation and poultice very comfortable, and the swelling continues to diminish. His tongue is getting cleaner, and he is not so thirsty as before, pulse soft and not more than seventy-eight. The bowels being rather constipated he took some house physic, (the cathartic mixture), which answered the purpose. Says he is in no pain, but feels very weak.

July 2. Had a good night; and the swelling is so much reduced that he has omitted the fomentations and continues only a light poultice over the parts. Sir Aetley saw him to day, and thought it would be better for him to wear a short elastic catheter in the perineum until his general health is improved; and as his tongue was moist and his pulse soft, he ordered

him a pint of porter daily, and said that he must not be limited as to diet.

3.—He is very cheerful this morning, and complains of no pain; he could not bear the irritation of the flexible gum catheter in the wound, and it was therefore withdrawn last evening by himself; he has no return of fever since he took the porter, but on the contrary—for the first time within the last fortnight, he has had an appetite for food; his pulse is a little fuller, but not hard, and his tongue is moist.—The opening in the perineum continues to contract.

4.—He continues still improving in appearance; his pulse is seventy-five and fuller; his appetite good; his urine still passes by the wound in perineo; the poultice is left off.

5.—He is just as we described him yesterday, and when the wound in the perineum closes, and the urine escapes through the natural passage, we will again mention the case; the constitutional irritation having subsided there can be little variation in the symptoms until the events we have just alluded to, take place.

The case of wound of the larynx and neck stated last week is doing very well; he has no difficulty of swallowing; no cough, or any other unfavourable symptom.

Whilst the pages of the LANCET are devoted to the detail of the interesting experiments of men justly celebrated for their physiological researches, experiments having for their object, the elucidation of

the diversified functions of the nervous system in the healthy and diseased state, we cannot do better than embrace the present opportunity of publishing a curious and rather anomalous case affecting that important part of the nervous system, the spinal marrow. In a very interesting work lately written by Doctor OLLIVER, "*De la Moelle Epiniere et de ses Maladies*," some of the cases given under the head, *concussion of the spinal marrow*, approach very near in their symptoms to this which we are about to describe.

M. T. aged 16, was admitted into Guy's Hospital, 23d of June, in Lydia's ward, with complete paralysis of the upper and lower extremities. She is of a florid complexion and rather light hair, and of the ordinary size for a girl of her age; about a month before she came into the hospital, she fell out of a second floor window, and was taken up quite insensible; she remained in this state about two hours, and it was then discovered that she complained of numbness and pricking pain in the upper and lower extremities which were soon followed by convulsions which continued several minutes; she had her back and head examined by a surgeon, but he discovered no irregularity in the spinous processes, but when he struck the bottom part of her neck, she said it was very sore. He did nothing more however than give her some aperient medicine; she lay in bed for a week after the accident, during which time the convulsions frequently returned; the numbness gradually went off, and she had no

difficulty of breathing. The feces and urine were discharged naturally. In another week she was so far recovered as to go into a situation as a servant, which had been before engaged for her at Walwerth, where she was soon put to rub the furniture, scour the floors, and clean the house generally; after she had been there only four days, she was seized in the evening with nausea and vomiting, then with shiverings and pain in the back, and after she went to bed she became very hot, and was exceedingly restless through the night. This she attributed to a cold she had taken in washing out the kitchen. The nausea continued more or less for about two days, the pain in the back increased although she still continued to go on with her work, but on the second day, when on her way to the back-house, she lost the use of her legs and arms and fell to the ground, she was soon taken up and at her request removed to her friends' house which was near at hand; she complained of much pain at this time in the lower part of her neck, and in addition to the effects already produced, her urine and feces passed off involuntarily. She was kept in bed, and breathed for two or three days very short and quick, but by rest she became better and could retain the feces. On the following Wednesday she was brought to the hospital, and was put into Lydia's ward. Her general appearance was as we have already described; the pulse steady and wiry; the tongue white; the skin of the arms and legs very

loose and flabby, and appeared covered with a mealy scurf, the colour was also redder than natural, she could not move either hand or foot, neither could she lean herself on her side or change the position in which she was placed; the feeling of the skin was not at all diminished, as she complained of pain even on gently pressing it, and if slightly pinched she cried out lustily.—The only parts she could move were her head and neck, on her being turned on the side to examine her back accurately, she complained very much of the pain, and when the 6th and 7th cervical vertebrae were struck she said that they were very sore. Pressure on any other part of the spine she did not complain of.

Sixteen leeches were applied to her back on the day after admission; she took cal. gr. iv. et opium pulv. gr. iij. hora somni and was ordered the effervescent mixture to be taken ad libitum. On the 24th she had the pill of calomel and antimony repeated, and a cathartic draught; not much alteration in her feelings; not much catharsis from the medicine. 24th sixteen ounces of blood were taken by cupping from the neck, she was ordered at bed time Cal. gr. iij. c. Pulv. opium. and Trag. Olib. gtt. c. Mist. Rhenanensis. horis. Haust. ca. short: etc. mane.

June 26th.—She has had a more quiet night than usual, has had no screaming or frightful dreams as before; her pulse is softer and slower; and her bowels have been freely acted on. Her tongue turned but scarcely yellow; the head was

ordered to be shaved and a blister to be applied; the pill and mixture to be continued.

27th.—Does not complain of so much pain when the nurse turns her in bed, and has again had a tranquil night, but has not slept much. Pulse 84 and full; tongue getting moist; the alvine secretions improved in appearance; nor does she complain of pain when her arm is handled or swung at the shoulder as she did before.

28th.—Just as yesterday; ordered, Lig. Aumen. Acc. 3ij. et B. Camp. 3ss. a. aqua. 3j. as a draught to be taken at bed time, with gr. ij. of Calomel; —Emplastrum Lytta inter scapulas.

29th.—Skin very hot, and had a restless night, owing as she says to the blister; her bowels very much relaxed; pulse 90, and small; very thirsty. Ordered, the Sulph. Maga. et Hydr. c. Creta et Opio gr. v. Omni. 4ta hora.

July 2.—No alteration since we last saw her. Repeat the pills of Hydr. c. creta, &c. every six hours.

July 3.—Her skin is cooler than usual; tongue furred, and the mouth getting sore from the mercury. The nurse said that she observed her draw her foot upwards a little last night. On being desired to try if she could do so now, she bent her leg a little, but could not move it much.

4th.—She still continues the Hydr. c. creta, and her mouth is sore; says she has a nasty taste always in her mouth, and spits freely. The blister has been very painful, and the surround-

ing this very much inflamed; a pessary was put over the part to lessen the irritation. She can move her legs much better than yesterday and draw them a little towards her; she can bend also the fingers of her left hand. She said she could now turn herself a little in bed, which the nurse also corroborated.

6th.—The power of moving the lower extremities continues to increase. She can move her hand more than she could yesterday: she has now very little fever, but says she has pain in the lower part of her back.—*Hirudines decem supra sacrum applt. Pil. Hydr. gr. v. bis die; Mist. Camph. c Carb. Potassæ 3ss* to be taken with lemon-juice every six hours.

6th.—The pain she complained of yesterday has been removed by the leeches. She can move her lower extremities with great freedom, and can bend the left arm and rotate it also. Her pulse is 80 and soft; her skin cool; she can move her trunk better; but the urine still passes involuntarily. We shall continue this interesting case in our next.

The accidents received this week are:—Laceration of the integuments just over the inner canthus of the eye. Retention of urine. A slight case of concussion. Inflammation of the conjunctiva and skin of the cheek with ulcer of the cornea. A contusion of the ankle. Another case of concussion. A very bad case of extravasation of urine. A fracture of the tibia.

No operations of consequence have been performed here this week.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURES.

JUNE 30.—The cases which I shall give you to-day, said Mr. TYRRELL contain several interesting particulars, and I shall make some remarks on them as I proceed.

The first case is that of M. H. aged 23, light hair, and rather fair complexion; she was admitted into Magdalen with gonorrhoea and excoriation of the labia. She had lived at Gravesend as a *fille de joie*, for about a year before she came to the Hospital, and in consequence of her very irregular life, the general health had very much suffered. She laboured under gonorrhoea at the time of her admission.—The gonorrhoea was soon got rid of by the copaiba mixture. As the gonorrhoea got well, she complained of a sore on her leg being very painful, and which the usual remedies did not relieve. Considering that there was something in the atmosphere of the place prejudicial to her health, I ordered her to be removed into a clean ward; the state of her system was carefully attended to; she was allowed a generous diet and porter; the same remedies were applied as when in the fever ward, and she soon got well. As she was about to be discharged, the ulceration of the leg occurred again, with great pain and tumefaction about the part, and this was just at the time the menstrual discharge should have appeared. She was

been after attacked with iritis in one eye; when the former treatment was immediately given up, and from the violence of its attack, it was obliged to use more mercury than is generally necessary to cure this disease. On this part of the treatment I shall have to say something more presently. This case shows that the mercurial treatment which is necessary to cure the venereal disease, either from the breath of the patients, or some other cause with which we are at present unacquainted, produces a bad state of the atmosphere which operates unfavourably on certain constitutions. The removal of the girl into a clean ward and the use of the same medicines, and the continuance of the same diet, will, I think show that this is the case. It shows also, another interesting circumstance, viz. that the efforts of nature, set up to relieve the system through the uterine secretion, exerted their influence on the diseased part, and produced an imperfect substitute for the natural discharge. This alteration in the state of the ulcer has occurred repeatedly at the time just mentioned, and the discharge from the wound has then been of a bloody sanguineous description, although healthy pus was before secreted.

The introduction of this case of iritis, has afforded me an opportunity of making a few remarks on this disease. This was simple iritis, marked by dimness of vision, deep seated pain in the globe and about the brow, in the zone of vascular coat, and in the part of the sclerotic coat

towards the cornea, by the greenish tint of the iris, by the irregularity of the pupil, and by the dulness of the cornea and aqueous humour. She took gr. iij of calom. and  $\frac{1}{2}$  gr. of opium every six hours, until the inflammation gave way. Belladonna was applied to the brows immediately on the commencement of the treatment, and here also the case is important, as it shows that if the belladonna had not been used, the vision would have been lost, for before we could get the system affected, a large tubercle of lymph was deposited on the edge of the pupil, and would have been almost large enough to block up the pupil of its natural size; but as the belladonna had dilated it largely, the sight was very little injured by the size of the tubercle. There was a case analogous to this, in George's ward, a little time since, in which during an attack of iritis, as many as eight or ten points of adhesion had formed, and if they had not taken place in the dilated state of the pupil, vision would have been destroyed altogether. There has been some difference of opinion as to the treatment of iritis, but mercury is a decided specific. It is as frequently idiopathic, as syphilitic; when it occurs with syphilis it is generally with the secondary form of that disease, with eruptions, &c.

In the treatment of iritis, if the pupil should be even filled with lymph before the patient comes to you, if the deposit be recent, you need not despair of restoring vision. I lately saw a case of this kind, recover sufficiently to read a newspaper,—



It was attended with secondary symptoms, I gave calomel, gr. v. and opium; of a grain every four hours, and used the belladonna; immediately the mouth became affected, the absorption of the lymph began and continued rapidly. If the disease be not checked when the effusion of lymph takes place, pus will be deposited in it, and you will have an abscess form in the iris. This happened lately in a patient of mine, the pus was effused into the anterior chamber, the ulcerative process took place in the iris, and a good artificial pupil was left instead of the natural one which had been obliterated.

There is a form of iritis which is never very acute, and it is necessary to be able to distinguish this disease, as it produces as much mischief, if neglected as the other. It is curable also by mercury. There is no line of vessels in the sclerotic, nor is there any other appearance of inflammation; but the pupil is irregular and slightly altered in figure; and you find, on dilating it with Belladonna, that adhesions have taken place between it and the anterior capsule of the lens. These adhesions form the most certain diagnostic mark from amaurosis, or impaired vision, with which it is most liable to be confounded. But a course of mercury in iritis would have a decided influence on the disease in five or six weeks. An improvement in the state of vision takes place almost immediately that the mercury affects the system. If the symptoms do not give way so soon, you should continue its influence, even to

the extent of two or three months.

The next is an interesting case of sloughing chancre. J. B., aged 24, of rather a sallow complexion, and dark hair was admitted into one of the fever wards, June 10, with sloughing chancre. He had lived in a public house as a waiter, and was in the habit of drinking freely, and from his occupation was obliged to be up late at night; his appetite was bad; he was irritable and slept little. About three weeks before his admission he had chancre, which discharged a thin gleety matter; the sore increased rapidly in size, the prepuce became very much inflamed, and it gradually sloughed. When he came into the House the prepuce had sloughed back to the corona glandis, and there was an offensive ill-conditioned discharge from the part. He had a bubo also in the right groin. He was ordered house physic occasionally, and took gr. v. ext. hyoscy. every night, with the view of allaying the constitutional irritation; and the liq. calcis, with mucilage and opium, which is a very excellent application to irritable sores, on lint, was used, and over the whole a light poultice to keep the lint moist. In about five days, a healthy granulating surface appeared; the chancre has continued to heal rapidly. A blister was applied to the bubo, but it has since suppurated. It appears in numerous cases, that when sloughing commences immediately after infection there is no necessity employ mercury, unless it tends to

lence upon the part, and does not communicate the contagion to the system. In an interesting paper, published by Dr. Gregory of the Small Pox Hospital, he has shown by numerous examples, that if the inflammatory action, succeeding the inoculation take on the sloughing process, the constitution is not affected by that inoculation, and is again susceptible of the disease. I have never seen a case of secondary symptoms following a sloughing chancre; and I have seen more than twelve patients with such chancres, and have watched them for more than a year afterwards.

The case of E. F. was given, which was that of a large chronic abscess, which formed between the occiput and second dorsal vertebra; there was some difficulty, Mr. T. remarked, in ascertaining this disease; the tumour was not well defined, the history of it was not that which threw any light on the case: the situation was not the usual one for these swellings. There was an indistinct fluctuation in the tumour; an incision was made into it, and six ounces of pus discharged. The most common seat of chronic abscess is under the fascia lata, sometimes in the mamma and testicle, and occasionally in the bones. They usually form after fevers, or from exposure to cold whilst the patient is in a debilitated state, and most commonly in strumous habits. It is necessary when you determine on the existence of a chronic abscess in any part, to make an early incision into it, before the

fascia lata is loosely connected to the surrounding parts, and the abscess rapidly spreads.—The fascia takes on the ulcerative process slowly, and therefore the matter burrows in the structures beneath it. The integuments appear healthy, and there is an absence of those symptoms usually attending the formation of matter.

Occasionally they form over the course of arteries, and therefore they are to be examined carefully. A case occurred in Henry's ward, last summer, which shews the necessity of investigation. I admitted a man on the Thursday, with a large tumour in the ham, extending round by the knee. The integuments were a little discoloured, and he had some symptoms which attend the formation of matter. The man could give a very imperfect history of his case, but he said it came like a hard lump in his ham, and had been gradually increasing. He had fever and frequent shiverings. On examining the man carefully the next day, when I saw the patients taken in, I thought I could distinguish a diffused pulsatory feeling in the tumor; I concluded that it must be an aneurism in its advanced stage, and asked the patient some further questions, which confirmed me in the opinion. As the integuments were discolored from the pressure of the tumor, I considered it necessary for something to be immediately done, and the case being rather a doubtful one to some persons, I desired Mr. GREEN and Mr. KEY to examine the tumor, and they both came to a different con-

clusion, and agreed that it was an abscess, and thought the safest plan would be to puncture the tumor, which was accordingly done, when a stream of florid blood gushed out. The artery was immediately secured by a ligature about the middle of the thigh, which separated at the usual time. The sloughing process commenced a few weeks after the operation, in the foot, and gradually extended up the leg; the man sunk under the immense discharge and constitutional irritation. On dissection of the body, two aneurisms were found in the thigh of the same side, one at the tendon of the triceps, and another much smaller, a little above the middle of the thigh, and it was here the ligature was obliged to be applied. Three aneurisms were found in the other thigh.

Mr. T. concluded his lecture, by making some very useful observations on simple ulcers, on ulcers about the malleolus internus, arising from a varicose state of the veins, and on sinuous ulcers; he gave the treatment found most successful in the different conditions of the various ulcers, and hoped in his next lecture to give some good cases, of which there appeared a scarcity in the house at present.

**EXAMINUM**—In our last report, "for Dr. Ferri read Dr. Ferri."

The principal accidents admitted here, are a fracture of the os femoris, about one third the length of the bone above the knee; a laceration of the scalp; a contusion of the muscular part of the leg, the blow

was received on two points, on the upper part of the belly of the gastrocnemius, and about three inches above the ankle. The man's health had been previously very much deranged and the injury was speedily followed by extensive erysipelatous inflammation, which has spread to the groin of the same side, and there are large vesications of the cuticle. The man is taking gr. v. sulphate of quinine with gt. v. of the diluted sulphuric acid in 3ij of water, every six hours. A spirit wash is applied over the parts; his bowels had been previously acted on by calomel; the pulse is rather weak, and the tongue much furred.

An accident seldom met with, was also brought in, and is now in George's ward. The man in coming down stairs slipped his foot, and in attempting to save himself, he threw his trunk suddenly backwards, and felt something snap at his knee, and on recovering his footing, he found he had no power over the leg. He was carried to the Hospital, and it appears that he has ruptured the tendon of the rectus; the patella is in its situation, its figure is perfect, but there is a hollow just above it, into which the finger readily sinks, and a defined firm surface can be felt just above the hollow, but it has not the hardness of bone. The leg is secured just in the same way as in the fracture of the patella.

The only operation performed is the paracentesis abdominalis.

Mr. Thompson

## MIDDLESEX HOSPITAL.

JUNE 11th.—A man was admitted this morning, who had fallen in attempting to descend a building which he had ascended for the purpose of stringing lead. There was a laceration of the integuments on the inner side of the left tibia, and some symptoms of concussion were also present. He was ordered to be bled, the leg to be attended to, and the bowels to be emptied by house medicine. A few days afterwards he was removed by the Police for the purpose of justice; at which period he had no bad symptoms.

A woman was admitted this morning, with a cut over the left frontal sinus, and another over the posterior superior angle of the parietal bone on the same side; she was nearly insensible when admitted. The scalp was shaved and pledgets of linen dipped in cold lotion applied to it. Her pulse was very slow and feeble, not exceeding 55 beats in the minute. In the evening it was fuller and more rapid, when 16 ounces of blood were taken from the arm. The patient from this period did well.

18.—A man was admitted whose right hand had been dreadfully lacerated by the machinery of a silk factory. The whole of the metacarpal bones on the back of the hand were laid bare, the internal parts having been not injured. A considerable hemorrhage had resulted from the accident previous to his admission. At which

of the lacerated parts as could be procured were drawn together, and the whole dressed with simple ointment. The metacarpal bone of the third finger was fractured.

JULY 6.—The man is doing well, although the cure must necessarily be tedious and long deferred.

JUNE 19.—Five men were admitted, upon whom part of a building had fallen in Regent-street. One had puffy tumors on the scalp, for which he was bled, and cold lotion applied to the seat of the injury; another had an injury to the loins, and was cupped; a third, a fractured sternum; the others were not much hurt and, they have all been since discharged.

*Continuation of the case of G. WOOLFRET, page 25.*

This boy has had no bad symptoms since our last report. At present he is proceeding very favourably; his appetite is much improved; his sleep is natural and refreshing. The pain in the head no longer distresses him, and the wounds are looking extremely well.

*Continuation of the case of Affection of the Nervous System, Vol. 2, page 182.*

JULY 6.—We have now the satisfaction of giving the termination of this curious case, which happened on Saturday last; and according to the account of himself and his mother, in the following manner. Whilst engaged in play, he felt something hurt in his head accompanied, as he

himself expresses it, with a loud "snap" or report, followed by a discharge of offensive matter into the throat. This "snap" or report, was so obvious to himself, that the first words he uttered, were to ask his play-fellows, if they heard it, which however none of them appeared to have done. Upon being questioned as to the particular part of the head thus affected, he refers to a point just behind the juncture of the sagittal with the coronal suture.

His general health since our last report of the case, has been extremely good and still continues so. The faculties of speech and hearing are also at present as perfect as ever. Our readers may probably recollect, in the history of the case, that the complaint had once before terminated in a similar way, excepting that in the former instance, there was a discharge from both ears.

7.—We shall give the continuation of the case of MANSK with some others of interest in our next number.

## WESTMINSTER HOSPITAL.

JULY 4.—MR LYNN operated for hydrocele, upon a man aged 35.

The patient stated, that twelve months before, he had undergone the same operation, when both sides of the scrotum were affected, as was the case at present; that from the right, blood had flowed, and from the left serum.

Mr. LYNN introduced a trocar and canula into the left side first, an inch from the raphe, and two inches from the most depending part of the tumour; on extracting the trocar, and leaving the canula in the wound, about fourteen ounces of a serous fluid were evacuated.

The same was done on the right side, and about eight ounces of serum were let out, no blood being perceptible.

The patient being a waterman refused to have the scrotum injected, so as to make a permanent cure, fearing that it might cause him to give up his employment for a time.

7.—A case of hospital gangrene, has made its appearance here, in the axilla of GEORGE JOHNSON. The patient was admitted a month since, with a glandular swelling in the part, of the size of a hen's egg, it gradually increased and suppurated; the wound went on well till about last Friday, when it put on the gangrenous appearance; on Saturday, Mr. GUTHRIE ordered it to be dressed with lint dipped in the liquor arsenicalis.

The gangrene to day appears to be stopped, in some measure, in its progress, the pectoralis major is denuded in part of its integuments, the axillary artery may be seen plainly pulsating; and a small gangrenous spot has also formed upon the arm itself, a little below the axilla, owing to its having been in contact with the part first affected.

No accident of importance has been admitted here since our last report.

## ST. GEORGE'S HOSPITAL.

**JULY 3.**—Mr. EWEANK amputated the leg of a boy, about twelve years of age, who was afflicted with a scrofulous enlargement of the knee joint.

The tendency to scrofula first made its appearance in the thumb, when a phalanx was removed by exostosis, and had again shewn itself in the knee.

The operation was performed in the usual manner, with the circular incision, three inches above the knee, and seven arteries required tying.

On examination of the joint, after the operation, the head of the tibia was found carious, a slight degree of exfoliation had taken place, and sinuses ran down the bone for a considerable distance, added to which the cartilages were partially removed by absorption.

## ISLINGTON DISPENSARY.—

The Anniversary Dinner of this Institution took place at Canonbury Tavern, on Wednesday last. The Stewards had been most liberal in their arrangements, and their wishes to gratify the company were met by the Proprietor of the Tavern. The dinner, wines, and dessert, were excellent; and the Committee's Annual Report, which was read by the Secretary, stated that in the course of the current year 1254 patients had been cured or relieved. The effect of this

Report, and the addition of nearly £1000 to the funds. BELLAMY

and RADHURST were associated

in the management of the dispensary.

than 200 Gentlemen of the first respectability, were kept together by the urbanity of the Chairman (Thos. Wilson, Esq., of High-bury) to a late hour.

**Dr. ROBERT HONEYMAN**, a Physician, who died on the 5th ult. in Virginia, whether he emigrated from Scotland in 1774, he left the following bequest in his will, dated in 1831:—"I also give and bequeath to my son, a human rib, which will be found in a small trunk in my chest, with my earnest request that he will carefully keep the said rib (which is of James the Fifth, King of Scotland), and transmit it carefully to his descendants."

## BIRTH.

At Martley, in this county, on the 6th of April, Charlotte Rawlins, a married woman, about 30 years of age, was delivered of a male child, totally without arms, legs, or thighs! The child is still living, and appears healthy. There is not to the present time the slightest appearance of the upper or lower extremities; but on the left side, at the part where the thigh usually commences, there is a little process in the shape of a finger, consisting of two small bones united by ligaments, and covered with skin and cellular membrane; the projection has apparently muscles attached to it, as it is constantly moved by the child when it cries or struggles: it is nearly two inches long; thick at the base and tapers to a point, having a nail attached to it. The expression of the countenance is not unpleasant. The extraordinary appearance of this child (which in fact is a mere torso,) cannot be conveyed by description. It is pretended that there is no case on record at all parallel to the degree of defect. The father is a labouring man, between 60 and 70 years of age. *Hermsley*

*Journalist*

This day is published, price 4s. 6d.

# ANDERSON'S QUARTERLY JOURNAL OF THE MEDICAL SCIENCES—No. III.

Containing Reviews, with copious extracts of Hock's Elements of Medical Jurisprudence—Sabatier's Medical Surgery—Dr. Scudamore on the Blood—M. Miguel on the Convulsions of the Pregnant and Puerperal State—M. Bayle on Paralysis from Cerebral Lesion—Macilwain on Strictures of the Urethra—Dr. Bowen on Catarrh and Hyaloxysis—M. Portal on Dropsy—And a complete Quarterly History of Improvements and Discoveries in Medical Science.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

MONDAY EVENING,

MAY 17, 1824.

### LECTURE 66.

The worthy Baronet, as soon as he entered the room, looked round, and seeing but few students compared with the usual number, smilingly observed, "it is time to have done for there is but a small party."

#### *Scrofula.*

Gentlemen, this appellation, at present used by surgeons, is a miserable title for the diseases which it is intended to represent; it is given to a class of diseases springing from debility. If asked what scrofula is, I should say that in its character and origin it is debility, that the disease as it proceeds becomes inflammatory, but that it is connected with original weakness, and derives its peculiar character on account of its arising from this cause. You will find that scro-

fulous diseases are inflammatory, that they undergo all the different processes of inflammation, the adhesive and suppurative processes, ulceration and gangrene; but gangrene less frequently than any of the others. These four processes are thus the effect of scrofulous diseases, but you find them all imperfectly performed. The adhesive matter secreted in scrofulous affections, instead of being firm, consists of a curd-like matter, easily broken and very soft, and this is owing to the blood vessels not entering it. The suppuration is not of the common kind, it contains curd-like matter, and is not truly purulent; ulceration is slow in its progress; granulations are unequal and slow in forming. These processes are the effect of inflammation, but are also connected with debility; each is imperfectly performed. But how does scrofulous differ from common chronic inflammation? In common chronic inflammation there is debility, but it is the result of intemperance or change of con-



stitution; but in scrofula the weakness exists from birth, it is congenital or original debility. The age at which scrofula manifests itself is during growth, it is extremely rare for it to occur after. But common chronic inflammation, arising from a change of constitution, produced by intemperance or any other cause, occurs after growth has stopped, and is much more easy of cure than scrofulous inflammation.—Scrofulous disease depends on a state of constitution different to that which gives rise to common chronic inflammation. The one is original, the other is produced in after life. The character of a scrofulous child is as follows:—You will find the skin thin if you pinch it, which is quite different to the skin in children who are not scrofulous; in them the skin is solid and dense, and the fibres strong, but in scrofulous children the skin is thin and the vessels may be seen meandering under it; and it is on this account that persons with this disease frequently have a rosy colour, arising from the thinness of the skin which allows the vessels to be seen under it. The hair is also light coloured. If you observe, in a family of five or six children, one among them who has a delicate

thin skin, light hair, and complexion, you will find that if they are all exposed to the same causes, they will escape from any scrofulous affection, with the exception of the one stamped by nature, and that this during its growth will be affected by the disease. The hair is also extremely fine, the eye lashes long, the pupils dilated; and the fingers are what is called clubbed, similar to the fingers in phisical persons; the fingers are extremely long and thin, but at the extremities are broad and flat. The upper lip is of considerable thickness, and this is a mark of debility. Those who are the subjects of scrofulous diseases, often have follicles on different parts of the body incrustated with inspissated matter. In persons of a scrofulous nature the absorbent glands and joints are most frequently attacked. The absorbent glands, for a reason which I shall hereafter give, and the joints from the exercise producing inflammation in the synovial membrane. You know that the absorbent glands of the neck and mesentery are more liable to scrofula than any others. Various other parts of the body are also liable to it, the lungs, &c. &c. not unfrequently, the eyes

and then; the heart, I believe never; I have never seen an instance where it was. The secreting glands are rarely affected by scrofula; at least the liver and kidneys, for the testicle and breast are exceptions. The testicle is now and then liable to a scrofulous affection, and we occasionally see a scrofulous tumour in the breast. The secreting glands, however, are very rarely subject to this complaint. Scrofula differs in different constitutions; it may be of an indolent or irritable kind, but more frequently of the first than the second. Of this circumstance you may not yet be aware, but in the course of practice you will find that an absorbent gland will enlarge, and continue so for weeks, and often for months, before it suppurates; and on the contrary that an enlarged gland will be in a most irritable state, and rapidly proceed to a state of suppuration. This last is by far the worst disease of the two; for joint after joint, and various parts of the body become inflamed, whilst in indolent habits the complaint is sometimes confined to a particular class of parts and the rest are excluded. This, however, is a

*Influence of climate and season, on Scrofula.*

You will find scrofula considerably influenced by climate, particularly those climates in which the change from cold to heat, and heat to moisture are most frequent; and on this account our own island is favourable to the production of scrofulous disease. The vicissitudes of temperature, are so frequent that a man is never clothed so as to meet them, and the body is consequently exposed to these sudden and various changes. We find cold and moist climates giving rise to the occurrence of scrofulous affections, although it is found that those who live in countries where they are exposed to the extremes of heat or cold are not the subjects of scrofula. But this disease is arrested by cold and heat, uncombined with a moist state of the atmosphere, although it previously existed, and persons predisposed to scrofula, may prevent it from occurring by a change to a warm and dry climate. But people from the East or West Indies, who come over to this country, not unfrequently fall a prey to scrofulous disease. Many children born in the East and West Indies, are sent to

this country to be educated, and therefore we have an opportunity of seeing the effect of climate on their constitutions; and I can assure you, that it frequently requires the greatest possible care to save them from the danger of scrofulous disease of the joints and absorbent glands, and very often with all your care and attention, they will die of scrofulous disease. Those from the West Indies less frequently die of scrofula, than persons from the East Indies; but I have seen some from the South Sea Islands, and most of them have died from scrofulous complaints. From this statement then, gentlemen, you see that children born in warm climates, and subsequently brought to this country to be educated, frequently perish. Although we have proof of some climates predisposing to this complaint, and favouring its production more than others, yet the most striking effects are manifested by the changes of the seasons, after scrofula has occurred. Thus, for instance, if a child with scrofulous disease be examined in the spring, and it has a gland that is inflamed, the complaint will go on during the spring till the summer months, when it will

be arrested, and the health of the child be improved. In this state it will remain till October and November, and then the child will become worse. By the alteration of scrofulous complaints, from the changes of the seasons, a surgeon often loses credit, though he more frequently gains it; he will lose credit, if called to the child in winter, because then the state of the child's health will be in an improved state, compared to what it has been: which state, however, continues only for a short time, as it becomes worse with the return of spring; the surgeon will gain credit, if called to a child in the spring, because being at that time very unwell, it continues so only till summer, when it rapidly recovers. In summer the symptoms disappear, in autumn they return, and continue till the winter, when they again become suspended. I remember being once called on to subscribe to a charity instituted for the cure of scrofula, and I said that I had no objection to subscribe, if its benefits were to be extended throughout the year, because if its operations were to be extended all the year round, the eyes of the public would be opened to the

cacy of any charity of the kind. The way also to try the value of medicines, blazoned forth as specifics for the cure of scrofula, is to watch their effects during the whole year, for else you may be deceived; they may occasionally afford benefit (which I do not mean to deny), but as to any specifics for the cure of the complaint, I need not tell you that such do not exist.

Well, such are the effects of climate and the changes of the seasons, on persons born with a debility of constitution, and that debility giving rise to an inflammation of the scrofulous kind.

The next point to be considered is,

*Whether Scrofula is hereditary?*

That scrofula is an hereditary disease, appears as clear to me as can be, and they who deny it, deny the evidence of their senses. When speaking of hereditary disease, I do not mean to say, that children are born with an enlargement of an absorbent gland, or disease of the joints; but what I state is, that a child will be born with an hereditary disposition to the complaint: Does a child resemble its father or mother? and do we not see parents predisposed to scrofulous diseases? children of con-

stitutions, complexions, &c., as I have described to you, manifesting the signs of scrofulous affections at some period of their life, and this is the consequence of a particular state of constitution, transmitted to them by their parents. Let two scrofulous persons marry, and see the consequence; a great proportion of the children will be born with a scrofulous disposition; with that debility of constitution which gives rise to the production of the disease. I know that children may with great care be preserved from attacks of the disease. A man of a gouty habit shall have many children, and I would not say that all should be affected with gout; but will any one say, that the children of such a parent are not more likely to be attacked with this complaint, than the children of persons who never had the complaint? You may prevent scrofula by care, but as to children being originally pre-disposed to the disease there cannot be the least doubt, and in such cases the education, and the habits of youth, should be so directed, as to ward off a complaint, the effects of which are so frequently fatal. A gentleman whom I knew, and who

was often the subject of gout, had three sons: the first child was attacked in early life with the gout; the second indulged in intemperate habits, and had the complaint to a severe degree; whilst the third, with extreme care and attention, escaped from it altogether.

The pre-disposing cause of scrofula is congenital, or original fault of constitution. The exciting causes are whatever tend to produce, or rather increase that debility; such as the fever from diseases of a specific kind, as measles, scarlet-fever, and small-pox. Scrofulous affections occurring after small-pox, used to be much more frequent before the introduction of vaccination than since, and if there were no other advantage attending it than this, it ought to be regarded as a boon to society. The reasons, you must be acquainted with, how small-pox disposes to the excitement of scrofulous inflammation, without my entering into them at present.

With respect to the state of body in scrofulous children, the blood is less firm, the crassamentum loosely formed, and coagulating weakly; the quantity of serum abundant; and the solids

are feebly formed. When you dissect a scrofulous person, you find extreme attenuation of the muscles, owing to the fibres being delicately formed, the cellular tissue thin, the heart weak, not at all having the appearance of the healthy organ; you find the arteries with loose coats, and if you were to inject them, that the injection would scarcely reach the extremities; nor is this surprising, since it happens that the vessels often expand, and give way, and also that there is blood at the extremities of the arteries, owing to the great weakness of the vessels, that they had not the power of propelling it into the veins as they usually do. The stomach and intestinal canal are thin and pellucid; the absorbent glands are enlarged, the secretory glands are flaccid but not diseased, and the nervous system sometimes exhibits marks of irritation having existed in it. This is, as far as we are able to detail, the nature of the disease. we shall now proceed to speak of its treatment.

#### *Treatment of Scrofula*

The principles on which the treatment of scrofula should be founded are three: 1<sup>st</sup>. To make better blood; 2<sup>nd</sup>. To strengthen

the solids; 3rd. To give vigorous action to the circulation.

To one or all of these principles, every mode of treatment should be referred. The action of the heart and arteries is naturally feeble, the serum of the blood preponderates, whilst the fibrous portion is deficient in quantity; therefore you must make better blood, strengthen the solids, or give a vigorous action to the system. The first object is to make better blood, and without this nothing else will be of avail. I cannot sufficiently deprecate the system of taking vegetable food in scrofulous diseases, and proscribing animal food, which is most nutritious and easy of digestion. Vegetable food is more difficult of digestion than animal food, and many animals who live on it have more than one stomach to perform the different processes of digestion; some have only one, but then they are abundantly supplied with gastric juice; it is secreted in greater quantities than in men; and nature adds to the digestive powers by setting up another process in the intestines below, where animals have another stomach. Vegetable food should not be given to scrofulous patients, under

scrofula, as it leads to an aggravation of the complaint: but meat should be allowed, prepared so that the stimulus of the gastric juice which is weak may be able to act on it. The stomach should never be over-loaded at a time, because then you impair the powers of digestion. Meat should be taken in small quantities and often, rather than in large quantities and less frequently, for when the stomach is less loaded, digestion goes on much better. Therefore, I advise that they should breakfast between eight and nine, and take an egg or a little meat with their meal. They should have a sandwich about twelve or one o'clock, and meat with their dinner at three. It is right that they should drink with their dinner, although water is a bad beverage; some good beer or a glass of wine should be allowed. This will stimulate the secretion of the gastric juice, and digestion will be more completely performed than if no stimulus at all had been used. It is well known that in these complaints the stomach is not supplied with a sufficient quantity of juice to dissolve the food, therefore you must give some slight stimulus to excite the gastric juice. If

you observe the animals around us which live on animal and vegetable food, you find that after meals they lap some water and rest. Rest appears to be conducive to the performance of the digestive process. An experiment has been made which confirms this opinion. Two pointers were fed, each with the same quantity of food; the one was immediately put out to hunt, and the other conducted to the kennel, and in two or three hours afterwards both were killed:—the first had not digested the food he had taken, whilst the other had. Animal food should be given in larger quantities to persons with scrofulous disease than to those in a state of health, although the latter do not require the same aid to assist digestion. In scrofulous children I do not like the stomach to be loaded with milk at breakfast, which considerably impairs the powers of digestion, and therefore I generally order a little meat or an egg as a substitute.

Next in importance to nourishment is exercise. Children with scrofulous affections, or even those predisposed to them, should take a great deal of exercise, in the open air; more, however,

in the way of play than as a task; and here I must say that I am anxious that those concerned in the education of youth, particularly female instructors, should be acquainted with what I have said on this important subject. I wish them to know what food and exercise should be allowed to children with a scrofulous taint, and how much the future happiness of those intrusted to their care is dependent on an attention to these particulars. At schools in general too little exercise is taken by the scholars.—Boys, however, will have it; but not so with the girls; they are frequently compelled to sit from morning till night engaged in learning music, dancing, geography, French, nay even Italian, and God knows what else, without paying the slightest attention to the preservation of their health, and thus impairing constitutions which might have been rendered strong and robust. It is not my wish to discourage the cultivation of the human mind in any degree, nor even to prevent the fairer sex from attaining those accomplishments which so frequently render it the adornment and ornament of the life; but I think it the extreme duty in compelling children to

hours over pursuits for which they have no taste, such as making them learn music when they have no ear; while their health is neglected and constitutions are ruined by the confinement to which they are subjected. The mischiefs thus arising from the false system of education at present pursued in this country, so frequently come before my notice, that I wish what I have said to be generally known, in order that future misery may be prevented and the physical education of our youth be better directed. Exercise should not be taken so as to fatigue the body; when children feel themselves weary they should rest a little till they recover. When the state of the weather prevents them from taking exercise in the open air, they should play in a large airy chamber, and be allowed to dance in the evenings, taking care that the perspiration excited should not be checked by any improper means, as is too often done with thoughtless and giddy children, and by this means they will be brought up with constitutions invigorated so as to ward off the attacks of a disease to which they were pre-disposed. I do not exaggerate when I say that in this last year I have

seen five hundred cases of scrofulous affections; never a day passes over my head without my seeing a case, and frequently three or four. This very day I have seen more, and if asked how many were boys among them, I should answer not one. What is the reason of it?—why, boys will take exercise, and thus are less liable to the complaint; whilst girls are not allowed, and if pre-disposed to it are almost always attacked by it.

The third circumstance to be attended to is air; without good air, all other means are of no use. Moist and cold weather is the worst. Those who live in marshy climates are subject to the worst form of scrofulous complaints. The state of the atmosphere you should choose, is that in which the air is dry and warm; a very bleak wind is not desirable. The sea air is generally preferred, and when the children are near the sea side, they should be allowed to play on the beach the greater part of the day. It is a mistake to suppose that the air of the coast in the wet and cold seasons is of any advantage to scrofulous children; it is only in warm and dry weather,



that any benefit will be obtained. Extreme cold suppresses the progress of scrofulous complaints, but in moist weather the symptoms return. Unfortunately I have experienced in my own family the dreadful ravages of this complaint; although no one would say that I was a scrofulous subject (a laugh). I have lost five near relatives of the complaint from which I have been spared. Whilst at Brighton once on a professional visit, I inquired if the number of scrofulous children was as great there as in other parts, and I found that it was. In the latter part of the spring and autumn, the seacoast is desirable; but in cold weather it is not. The bleakness of the air of the sea shore is unfavourable to the constitutions of children tainted with scrofulous complaints.—Air, exercise, and nourishment, are the three great points to be kept in view in the treatment of scrofulous affections. But what, you will say,—nothing about medicine? Gentlemen, you may lay it down as an axiom, that there is no specific for the cure of scrofula; and he, who says that there is, attempts to gull mankind by the assertion of

what is not true. Medicines occasionally given with a view to improve the digestive powers, and regulate the secretions are good, but attention to the three points I have just mentioned are of primary importance. I will mention to you what are the best; once a week, or every ten days, two grains of calomel and eight of rhubarb, in order to restore the secretions. This relieves scrofulous inflammation, on the same principle as all other inflammations are relieved. A good medicine to be given daily for a short time is, the rhubarb and steel—two grains of rhubarb and from three to five of the carbonate of iron. This is a very good tonic. Another good tonic consists of two grains of rhubarb, and from four to six grains of dried subcarbonate of soda, with ten grains of calumba, which may be taken mixed with sugar, a form that seldom disagrees with the patient. These means will greatly assist the powers of digestion. One of the remedies which we use in the other hospital (Guy's) is infusion of *camomile* *Antennaria*, with a few grains of *Agrostis* *gynae* *can.* *crisp.*, at bed time. Or the *Opuntia* *Agrostis* in the preparation of the

ounces of the *Tincture of Bark*, a tea-spoonful of which should be taken twice a day in a glass of the *camomile infusion*. If the bowels are costive *Tincture of Rhubarb* should be substituted for the *Tincture of Bark*. The *Liquor Potassæ* is a medicine also used. These different medicines medical men use in different ways; those I employ are the *Steel*, with *rhubarb and calomel*, or the *Subcarbonate of Soda*, with *rhubarb and calumba*. A great deal of care should be taken of children, originally formed weak; you should excite no feverish action on the one hand, nor do any thing to debilitate the constitution on the other. These are the *Scylla* and *Charybdis*, into which we may fall, that of exciting fever on the one hand, and weakness on the other; and recollect, above all, the three principles of treatment which I have so often laid down. Children should be well clothed, and never exposed to changes of temperature. For this purpose they should wear flannel close to the skin, and in this case it should be worn also during the night. If the weather be very warm, calico may be substituted for flannel. The great object is to preserve

an equal temperature of the skin, and not to produce perspiration, because that would debilitate. It is right to recommend sea-bathing, the bath should be taken about three times a week, at eleven in the morning. The temperature of the bath should be at 94°; the person should remain from sixteen to twenty minutes in it, and walk afterwards. — Some children are exceedingly frightened at the sight of the water used in the commencement, and in those cases it will be advantageous to sprinkle the body over first with tepid salt water. This will gradually remove the child's fear of the water, and prepare the way for the sea-bathing.

### CHEMISTRY.

The division of substances into "electrics" and "non-electrics" has arisen in consequence of the inability of electricians to excite electrical phenomena by the usual methods, in good conducting bodies, as, for instance, in the *metals*; whilst they are able to produce it readily in *non-conductors*, as, for instance, in *glass, amber, resin &c.* Now as electricians are unable to produce electricity in several substances, they considered

these substances at once incapable of being excited at all—in other words, they believed them naturally to contain no electricity in their composition, and therefore denominated these latter sort of bodies “non-electrics,” and the former “electrics.” We stated in our last number that non-electrics were capable of being rendered electric by certain management; now if we can prove this fact, the doctrine of electrics and non-electrics must naturally fall to the ground.

We stated that when non-conducting bodies were excited, the electricity occasioned by that means was retained on their surfaces in consequence of every communication by which it could escape being cut off. This is the case when glass, sealing-wax, &c. are rubbed with flannel or silk, or what is better with a cat's skin; because all these substances being incapable of conducting electricity, it cannot possibly pass away, or leave the situation in which it is generated, and therefore is retained, and its phenomena enabled to be examined at pleasure. On the other hand, we stated, that when a good conductor is excited by rubbing with either of the above substances, as soon as the electricity is pro-

duced on that good conductor, it is instantly conducted away by the very substance itself to distant situations, and therefore lost to all our senses: as, for instance, when a rod of metal is excited in the usual way, or any other conductor, in such a case no electricity can possibly be retained. Now, if we vary the method of making the experiment, we are enabled not only to excite a bar of metal, but enabled also to retain it, and notice its electrical phenomena.

The method of showing that metals may be rendered electric, is to *insulate them*; that is, to cut off every channel of connection with the earth, by interposing non-conductors. By this arrangement electricity cannot pass away from the metal; and therefore is retained sufficiently long to be examined by the usual tests for its presence. Instead of holding a metal rod in the *hand* (the usual method), which is a conductor, let it be supported on a *glass* pillar or stand; by this means the communication by which electricity passes away when excited under common circumstances, is cut off. Let the metal rod, or cylinder be now rubbed with *cat's skin*, or with a *silk handkerchief*.

and it will become electric—as much so as a rod or cylinder of glass treated in the same way would do. It will attract light substances, such as feathers, cork, down, &c. : and the metal may be made, if the experiment be well-managed, to charge a Leyden jar slightly. The slightest friction on the metal when so insulated, will cause a divergence of the leaves of the electrometer—an instrument for indicating small quantities of electricity. This experiment at once teaches us that metals are electric, and that they may fairly be classed amongst the “Electrics” of the schools.

In the above way we have tried almost the whole of the substances, denominated non-electrics, and find them capable of being rendered electric; and if asked, what substances are non-electrics? our answer would be, that there are no such substances in nature, and that the doctrine of ‘electrics’ and ‘non-electrics’ has arisen out of one of those blunders which we find daily extending its influence in almost every branch of chemical science, particularly as taught by some of our heaven-born dandy philosophers, to the blue-stocking ladies of this metropolis. A simple method of making the above

fact evident to a common observer, is to fix a small cylinder of metal to the end of a glass rod, or roll of sealing wax, of sufficient length that the glass may be held in the hand conveniently, and at the same time allow of about two or three inches of its length, to lie between the hand and the metal which is fixed on its end, so that the insulation of the metal may be complete. Let the metal be now rubbed with any of the usual substances for exciting electricity, and it will become strongly electric, which may be proved by presenting it to the cap of any electrometer.

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“HOLE AND CORNER” SURGERY, AT ST. THOMAS’S HOSPITAL.

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Nunc cogito

Utrum me dicam doctore medicos, an  
 saltem,  
 Atque ab omni incedant, movent formidini  
 gradu!

We observed in a former number that the arguments which had been put forth in defence of “Hole and Corner” Surgery, were not founded on views of public utility, but that they were addressed almost entirely to the passions and pecuniary interests of the surgeons; and among the

pleas which were urged in behalf of the suppression of hospital cases, we took occasion to examine those which were founded on the youth, the ignorance, and the misfortunes, of operating surgeons. That the surgeon's want of dexterity, should ever have been urged as an argument in favour of the suppression of a case, in which the patient has been sacrificed to his ignorance, appears undoubtedly, at the first blush, as the lawyers say, incredible; but the *vis inertiae* of human imbecility may afford a lesson to incredulity, and if we should have any readers, who may not have seen our former article, we will again cite for their benefit the passage in which this argument is brought forward, by Dr. JAMES JOHNSON, the sapient Editor of the *Medico-Chirurgical Review*.\* Let us suppose a case in which a patient has been destroyed, from the consequences of the operation for lithotomy having been performed when no stone existed in the bladder; or let us imagine a case in which one of the simplest operations in surgery has been performed by an hospital surgeon, in so bungling, unskillful, and disgraceful a manner, that the patient's life was evidently sacrificed to his want of dexterity. If such a case as this were to occur in private practice, it might be said that it would be desirable to suppress the cause

of failure, out of tenderness to the feelings of the relatives and friends of the deceased. This would be at least a plausible ground for concealment; it would be a weak argument indeed, when put in competition with the paramount interests of public utility, but it would be at least an amiable, and an intelligible argument in favour of suppression. But that the expediency of suppressing a case of failure from the surgeon's want of dexterity, should be defended—not because the mischief, as it respects the victim and his surviving relatives, is irremediable—not for the sake of regard for the feelings of those surviving relatives—but out of tenderness, forsooth, to the ignorant operator! is so monstrous a proposition, that prepared as we were, for the imbecilities of the 'Hole and Corner' champions, we were somewhat staggered at the impudent absurdity with which it is advanced. We are the more disposed to dwell on this topic, because we know that the diatribe against THE LANCET in Dr. JAMES JOHNSON'S Review, was got up with great effort, and we have reason to believe that the Editor was assisted in that part of it, which is more especially devoted to the defence of 'Hole and Corner' surgery, by one of the individuals who has taken the most active part in the recent attack upon the press. If a surgeon fail from want of dexterity, we are told, he suffers mortification enough, heaven knows, in the operation room, without being put to the cruel and demoniacal

\* "No man can command success in surgical operations—and if a surgeon fail from want of dexterity, he suffers mortification enough, heaven knows, in the operation room, without being put to the cruel and demoniacal torture of seeing the failure blazoned forth to the public!"

torture, of seeing the failure blazoned forth in the public journals.' The writer of this paragraph discovers such a tender sympathy for the operator who fails from want of dexterity, that we cannot help suspecting, that while he is advocating the cause of 'Hole and Corner' surgery, he is at the same time vindicating his own claims to commiseration. Not a scintilla of compassion, does the 'Hole and Corner' advocate suffer to escape him, for the victim of the surgeon's want of dexterity; all his sympathy is reserved for the ignorant operator. The destruction of the patient is a mere cypher in the account; *un homme mort n'est qu'un homme mort*, as was observed by his prototype in *MOLIERE*, but a surgeon who makes a cut in the wrong place, is a fit object of commiseration, and the mortification to which his want of dexterity has already exposed him in the operation room, is quite a sufficient punishment for the simple destruction of a fellow creature. In a delicate operation, a few lines more or less in the extent or direction of an incision, may make all the difference between the life and the death of the patient; and even the simplest surgical operation may, as we have had occasion to witness, be performed in so unskilful a manner, as to occasion the destruction of life, when its success would have been morally certain in the hands of any surgeon of ordinary dexterity. Let us suppose that of two Hospital Surgeons A is less skilful than B, and that a patient is destroyed, because it is A's turn to operate. Will the pub-

lic endure to be told in such a case as this, that A, and not the unfortunate patient is the proper object of commiseration, and that the mortification which the surgeon suffers in the operating theatre is a sufficient punishment for his ignorance, without exposing him to the torture of seeing his failure blazoned forth in the public journals? Not only do the public interests imperiously call for the publication of every case of failure on the part of a hospital surgeon, but we maintain that if the failure be clearly and indisputably attributable to want of dexterity, the public interests call imperiously for the surgeon's removal. We could name more than one hospital surgeon, whose removal, or resignation (we will not stickle for a verbal distinction), has almost immediately followed the publication of cases, in which they had operated; and we have no hesitation in classing these removals, or resignations, among the most useful results of the publicity which has been given to all medical proceedings in *THE LANCET*. It is idle to talk of the respect due to the feelings or the pockets of individual surgeons—it is absurd to propose any compromise between the private interests of hospital surgeons, and the paramount consideration of the health and safety of the patients entrusted to their care. No surgeon who is well acquainted with his profession, and who is conscious of discharging his professional duties with ability, need fear the publication of the cases in which he operates; but if the surgeon of a public hospital be

inadequately acquainted with his profession, or if he be incapable of operating with dexterity and precision, the sooner his removal is effected by giving publicity to his failures, the less will be the amount of injury inflicted on the public. The press is an object of hatred to those only who have reason to dread it; it is the scourge of ignorance and false pretension, but it is the support and ornament of real talent, and professional ability. Compare the manly and enlightened declarations of Sir A. COOPER on the question of publicity, with the puerile and pitiful proceedings of the 'Hole and Corner' surgeons, and the cause of the recent attack on the press will be sufficiently obvious.

There remains one other argument, which differs from those on which we have hitherto commented, as it is supposed to affect the interests of the patient as well as of the hospital Surgeon; it is said that, if cases of failure be published, the medical officers of public institutions, will not risk their character by performing operations, where there is much doubt of success. To this argument it will be sufficient to reply, that no surgeon ought to operate without a reasonable prospect of success, and that if a hospital surgeon be deterred from discharging his duty by a dread of the press—a dread, which want of ability can alone inspire—such a man is not fit to hold his situation. That the publication of hospital cases is calculated to inactivate, and actually has increased the caution and vigilance of the medical officers of public institutions, is un-

doubtedly true, and this is another of the salutary consequences of giving publicity to medical proceedings. It has been justly observed, that in the last nine months, the present age of THE LANCET, fewer operations have been performed at the hospitals, than within the same period in any former year. Surgeons are upon their guard, and patients are no longer brought into the operating theatre merely to enable the operator to display his dexterity to the students. In the short period of nine months the salutary application of a free press has produced a decided revolution in the medical world. It has effected the removal or resignation of public medical officers, who were incompetent to discharge the duties of their situation. It has increased the vigilance and activity of public medical practitioners in general, and has thereby contributed to mitigate human suffering, and limit the waste of human life. In one remarkable instance it effected the immediate correction of an abuse which the indignant and reiterated denunciations of Sir A. COOPER had failed to correct. Year after year had Sir A. COOPER complained, in the strongest language, of what he denominated an 'infamous practice,' which prevailed in the Borough hospitals. The complaint was unpublished, and consequently disregarded. In the year 1854, the lecture containing the same complaint, reiterated in the same indignant, uncompromising terms, was published in THE LANCET; a strong sensation was immediately produced, and a few days after the appear-

case of the lecture, Sir A. Cooper publicly announced that the 'infamous practice' of destroying the health and lives of patients by wanton salivations would be no longer a 'part of the system,' and that one of the hospitals in which it had prevailed, would be opened "under new and improved regulations."

These are a few of our claims to the hostility of the champions of 'Hole and Corner' surgery.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### *Continuance of the case of M. T. in Lydia.*

JULY 7th.—She says that she slept very well last night, and that her rest was not disturbed by alarming dreams, as it frequently had been; her pulse continues about 80 and is still soft; there is a moisture on her tongue, although it still continues furred.

9th.—She has more power over her limbs than when we last visited her; she can now move her right hand also, and swing the fore arm round to the mouth. Her appetite is good and her appearance improving; she continues the pills twice in the day, and takes *Julepium Camph. with Carb. Potassa, and Lemon juice.*

10th.—She has had no addition made to her medicine; she is still improving, and daily gains

strength and an increase of power over the extremities.

12th.—She may be said to be doing extremely well. She can now use her right arm as well as her left; pressure on the spinal column in any part produces no inconvenience, and she complains of no pain, her bowels are kept regular by the medicine which she is taking, her tongue moist, skin cool; indeed, she does not now appear to have much the matter.

There is of course considerable debility, which might have been expected after such active depletion, and when this is recovered from we have no doubt that she will be recommended a change of air. She still continues the medicine we before mentioned, and is confined to her bed.

#### *A case of Concussion which soon terminated fatally.*

T. F. was brought into the Accident Ward, on the 13th of this month, labouring under the symptoms of concussion of the brain. He was a robust, tall, well made man, and very regular in his habits; he worked for many years as a porter at Cotton's wharf, and whilst looking out at the door of one of the lofts, he unfortunately stooped a little too much forwards, lost his balancer and fell to the ground, which was at the depth of eleven feet from the loft. In his fall he appeared to have twisted himself, and his head rather turned under him. He was immediately taken up, but found quite insensible; there was no hemorrhage from either the ears or nose; he was almost directly brought to



the Hospital and put into accident ward. He was found to be perfectly insensible, his skin pale and cold, his breathing rather laborious but not accompanied with stertor, the pulse was very small and could scarcely be felt; but there was no vomiting; there was a very small wound of the scalp but no depression of bone. A short time after his admission, the dresser put a little brandy into his mouth about a teaspoonful; and in attempting to swallow it, he was nearly suffocated. The pulse at this time was 42.

At 10 p.m.—He was again visited, the skin now had become warmer, the pulse was harder and a little quicker, and the dresser decided on bleeding him, which he did, but finding that the pulse rather sank than became fuller during the operation, he very properly desisted. Mustard poultices were applied to his feet; his pulse became now very variable, changing as much as 5 or 6 strokes in a minute, and varying between 50 and 60.

At 3 a.m. he was again seen, the heat of surface was more developed, the breathing quicker but not attended with any great effort; but as the pulse was not considered sufficiently firm, he was not at this time bled; his head was ordered to be shaved.

Half past eleven, a.m.—He was visited by Mr. TYRELL; at this time his breathing was very quick and hurried; his pulse 102 and rather full, and hard, and his skin rather hot and dry, excepting just at the toes, where it was cold. There was a discharge of mucus from the nose and fauces, which by

getting on the top of the larynx very much impeded respiration. Mr. T. considered that from the heat of the skin and the state of the pulse, sufficient re-action had taken place. The carotid and temporal arteries were observed beating violently. He ordered the temporal artery to be opened and 16oz. of blood to be taken. The blood appeared of a very dark colour, almost as dark as venous blood; after a small quantity had been drawn, the pulse became quicker, very irregular, increasing as many in frequency as 12 in one minute and 24 in another, even whilst the blood was flowing. They became again a little softer and fuller, the skin was also a little cooler; but as there was no return of sensibility or motion, and the pulse beginning again to sink, the bleeding was discontinued.

The man gradually sank without any further re-action having taken place, and in the forenoon he died. An *Examination of the Brain* was afterwards made, by Sir A. COOPER, in the presence of a great number of pupils. On removing the upper part of the cranium, a small quantity of blood was found lying upon the surface of the dura mater, just beneath the upper part of the right os parietale; on turning back the dura mater, from the left hemisphere, the pia mater was lacerated on the fore part of the hemisphere, and a small quantity of blood effused between it and the arachnoid membrane. The thin coagulum appeared to follow the pia mater when it dropped down between

the convolution. Sir ASTLEY COOPER thought at first that the brain was also lacerated, but on closer inspection, he said he was not satisfied that this was the case. The ventricles were found to contain rather more fluid than usual, and the vessels of the brain generally, were remarkably turgid. Sir A. C. acknowledged that there were no appearances, that could satisfactorily account for the patient's death. The "prax" has been since examined, but no morbid appearances were observed.

#### *A case of Paralysis of the upper extremities.*

G. H. aged 25, was admitted into Cornelius ward on the 23rd of June, short in stature, of a robust, plethoric habit, and has been a sailor. During a voyage to the East Indies, about twelve months since, he fell from the main yard of an Indiaman upon a ladder which happened to be lying across the main hatchway, and received a violent blow on his head, which separated the scalp from the pericranium about four inches, but did not fracture his skull. He was taken up quite insensible, and remained so for three weeks, during part of which time he was afterwards told he had been delirious. The surgeon of the ship dressed the cut on his head, but he was afterwards very little attended to, and was allowed to remain, during the time we have mentioned, with his right arm bent under him. He found it in this position when his senses returned, when on trying to draw his arm out, he found he

had entirely lost the use of it, and from the pressure a slough of about the size of half a crown had formed on the elbow. He has at the present time not the least controul over it. The arm is very much wasted and the only direction in which he can move the extremities is a little upwards, by the action of the superior fibres of the trapezius and levator scapulae. Pressure on the nerves going to form the axillary plexuses gave him pain. Mr. KEY considered that counter irritation would be the best practice to commence with, and he therefore ordered a blister to be applied just above the clavicle of an oblong figure, and to be kept open by the *ungt. Sabinae*. A stimulating liniment was rubbed on the arm. The man says he can feel more distinctly since this has been done, and can bend the last joints of the fingers a little.

The accidents admitted here this week are, a contusion of the wrist joint. A contusion of the arm and side from a fall. A fractured arm. The case of concussion. A sprain of the ankle joint. A fracture of two ribs on one side, and two other slight injuries of the foot and ankle.

The only operation performed was the removal of a scirrhus breast by Sir A. COOPER:

We consider it our duty to censure improper practices wherever we find them; and we are really astonished to see the admission of persons into the wards of this hospital tolerated, who vend green gooseberries, un-

ripe cherries and every other thing that a sick person should not have: tempting those to purchase who know no better, and affording the opportunity to others, who from a vitiated appetite, regardless of the consequences, need no persuasion to do so. It should be recollected also, that there are many children in the wards who are always anxious to lay out the little money their friends may furnish them with in the first trash that is shown them. The result with them almost invariably is, a considerable irritation of the lining membrane of the stomach and bowels, and sometimes even amounting to inflammation with a corresponding constitutional disturbance; and we must not suppose that even adults can escape with impunity. We have often observed great surprise manifested by the surgeon on finding the medicine which he had ordered produce just the opposite effect to that which was anticipated, which has induced him to substitute a less efficient remedy, under the supposition that the former one has disagreed with the patient. By which circumstance it happens that the patient is not only losing his time, but the surgeon is also losing confidence in the remedies he employs. We beg, therefore, to direct the attention of the proper authorities to this abuse, in order that it may be prevented for the future. We have before had occasion to notice this practice, and for a time it was discontinued. A repetition of the occurrence, has rendered a repetition of the caution necessary, and we hope that this

gentle reminiscence will not be without its effect.

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## ST. THOMAS'S HOSPITAL.

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### CLINICAL LECTURES

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July 7th.—I shall first read you to day, said Mr. TYRRELL, a singular case of *abscess in the male breast*. The man is now in Abraham's ward, his occupation that of a porter. Two years since he was in this hospital under the care of Mr. GREEN, with a small indolent tumour in the left breast. His habits are pretty regular, and his general health not much disturbed. He has received no blow on the part, nor can he account in any way for the appearance of the swelling. He has had rigors, followed by increase of heat, darting pains in the part, and other symptoms usually indicating the formation of matter. The tumour is situated just below the left nipple, and appears to communicate with it. Now this is usually the seat of scirrhus, but this case appears to me to be one of simple chronic inflammation, which notwithstanding the employment of the usual remedies, has gone into suppuration. I asked him if he had any affection of the testicle previous to the appearance of the tumour in the breast, but he said he never had any complaint there. I ordered him to take some pills of calomel and colocynth three times in the week, leeches

also to be applied and afterward the spirit wash. Finding the application of the leeches had not afforded the relief I anticipated I ordered them to be put on again, and the second application eased the pain considerably. The breast is still very tender and almost as painful on being touched as the irritable breast of a young female. I have once or twice seen similar cases of these affections of the male nipple, but the absorbents in the neighbourhood do not become enlarged as in scirrhus; and in the present case the glands in the axilla are not at all affected.

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The next case is that of an *irritable ulcer* on the tibia which I suspect to be *syphilitic*.

I. M. aged 17, was admitted into Isaac's on the 5th of this month with an ulcer on the leg; he is a native of Cork, which place he left about two months since. His person is tall and rather robust, his complexion dark, his habits have been on the whole regular, and his health good.—He has had incrustation on his left leg which has ulcerated, several times, having healed and broke out again. From the appearance of the sore which I considered suspicious, I questioned him about a syphilitic taint, but he denied ever having any thing of that kind. From some hesitation, which my dresser afterwards discovered, in his answers to questions put to him, he determined on examining him, when he found that there was a slight discharge from the urethra and a small cicatrix from a bubo in the

groin. The history of this case however is very imperfect, and we could get nothing more from him than what I have now read to you. The sore being irritable and the surface looking sloughy, and there being great constitutional irritation present, I ordered the liquor calcis with mucilage and tincture of opium to be applied to the part, and over the whole a light poultice to keep the lint moist. He took calomel and opium at night, and the house physic in the morning now and then to regulate his bowels. The view which I took of this case proved correct, the man is improving rapidly under the treatment, and when the sore looks healthy I shall treat it still more decidedly as a syphilitic affection.

I shall now make some observations on the inflammation of the *cellular substance* arising from injury, which is usually described as a mere extension of erysipelatous inflammation from the skin; and on *erysipelas* in its true character. The case which I shall presently give, will I think point out a great difference between the two diseases, and I shall make as I proceed some remarks on the treatment required for each.

The following case will show the former of these affections.

R. F. aged 43, was admitted into Edwards last Thursday, his trade is that of a sawyer, he has lived regularly and his habits are good. Three weeks previous to his admission, whilst at work in the saw pit, he was struck by a large piece of timber, but it only carried the skin from the shin.

Inflammation of the leg, succeeded by a dull pain came on, this was followed by suppuration under great part of the integuments of the leg, and on a pressure with the finger produced the feeling of imperfect fluctuation. Ulceration came on in several places, and the matter was discharged through the openings along with the shreds also of cellular membrane which had sloughed.

Granulations have now appeared, which look healthy, and will soon heal; a poultice is applied; he is allowed porter and is on the middle diet. his general health is now good

*This inflammation differs from the ordinary erysipelatous inflammation in several respects. It arises commonly from a wound, and that wound of a slight nature and is accompanied with a dull pain in the part. The integuments are slightly discoloured, and an effusion takes place into the cellular substance beneath, and this oedematous sort of swelling spreads over the limb and pits on pressure like common anasarca. Pus afterwards forms in the cellular substance, the skin becomes more discoloured, and now it is that the constitution suffers from the irritation. The integuments ulcerate in different parts, the matter is discharged through the openings and also the shreds of cellular tissue which have sloughed.*

In *erysipelas* there is constitutional irritation preceding the eruption, the integuments appear very florid, the inflammation is very superficial, and extends rapidly; vesications appear on the cuticle, these vesications

are numerous and contain a straw coloured fluid, but when they break the discharge is found to be of an acrid nature, and irritates the surrounding parts. Erysipelas occurs frequently without local injury, and proceeds generally without the formation of matter. It occurs in debauched or debilitated habits, and often follows a mercurial course, and we therefore frequently meet with it in the venereal wards. There appears to be a state of atmosphere also favourable for its production.

In the *cellular inflammation* the mischief appears principally confined to that part, whereas in *erysipelas* the integuments suffer the most. In the first there is little constitutional irritation and even this does not happen until the suppurative process has commenced, whereas the second, is generally preceded, but always accompanied by great constitutional disturbance. The inflammation attending those, goes into suppuration, and in the other terminates in vesications. The integuments are in the one only slightly discoloured, whereas in the other they are of a very florid red colour. A case occurred last winter in a man called Goodair, who received a blow on the olecranon; an inflammation of the character I first described took place, and there was considerable effusion into the cellular substance. The whole arm became inflamed, and I believe nearly all of its cellular structure came away. There has been two cases in Williams' similar to that of Goodair's. Both these cases showed the importance of a principle, which I have before

mentioned, viz. the necessity there is of attention to the previous habits of the patient. In one of these it was particularly shown; the constitutional disturbance was so great as to cause delirium, and here I might have been induced to follow the usual practice if I had not made myself acquainted before hand with his former habits by which I found he had been a great drinker, and as he was continually crying for drink, I ordered a pint of porter to be brought to him, which he drank with the greatest eagerness; he had another in the course of the day, and afterwards slept soundly and recovered.

The treatment required in these cases is as follows:—Support the general health, improve the nature of the discharge, and stop the effusion into the cellular membrane.—Here I would strictly enjoin you to attend to the position of the limb, as it is of the greatest importance in the treatment. If it be in the arm, let the fore-arm be raised to a line with the shoulder, or even a little above it, if the lower extremity be the seat of the inflammation, the patient should be kept in the recumbent posture, and have the leg elevated. This not only allows the more ready return of the blood, but is also productive of great comfort to the patient. For the purpose of improving the nature of the discharge, emollients are certainly the best, as they promote a good suppurative inflammation. The diet should be low, the bowels, and the secretions of the skin and kidneys, be regulated. I have generally found that when the suppu-

tive inflammation has commenced, it is better to encourage than to check it; and as the constitutional irritation is considerable, it should be allayed by *Calomel and Opium*, and *Saline purgatives*, occasionally given. If gangrene should have commenced, you must support the patient, keep the secretions regular, and give stimulants, as wine, or brandy and water, and porter, and at the same time *opium*. The *Decoction of Bark*, which is usually given, I very much object to; I have seen it produce diarrhoea, which has suddenly carried off the patient. This happened to a patient in Henry's, where, notwithstanding all the means which were employed, the man rapidly sunk.—I have had frequent opportunities of seeing it used on the Continent, in hospital gangrene, and I always found the stimulants I have just mentioned do better. Stimulating poultices should also be applied, as the poultice made with stale beer grounds, or diluted nitric acid, which is by far the best application that can be made; it produces a ready separation of the dead parts, and corrects the fetor of the discharge. When the sloughs of the cellular membrane have separated, you must try to procure adhesion between the integuments and muscles underneath, by having the lint strapped with *Emplastrum Saponis*, leaving openings between for the discharge of the matter, and over the whole a light poultice.

Mr T. next gave the case of *Erysipelis*, in Abraham's, which

we mentioned in the report of accidents, as a specimen of *Erysipelas* in its true character, and contrasted it with the cases first given, according to the distinctions previously laid down. The treatment of the case, up to this time, he also mentioned.

#### *A Case of Extensive Erysipelas.*

We briefly noticed this case in the report of accidents of last week, but as we consider it a very important one, we think it deserves a more minute description.

I. H. by trade a plasterer, was admitted into Abraham's Ward on the 15th of July with a contusion of the leg; his habits had been formerly very irregular, but not so much lately; his health however had not been good for some time previous to the injury, his appetite bad, he slept little, and felt remarkably weak; he fell between two pieces of plank and received the blow on the upper part of the leg, and on the lower part also just above the ankle; the injury was soon followed by extensive erysipelatous inflammation, which spread as far as the groin of the same side; the leg was also very much swollen, and the swelling was attended with sharp pricking pains and a sensation of heat in the parts; he was ordered to take *Ext.col. gr. x. hydr submur. gr. ii.* and to apply the spirit wash over the parts, and to take also calomel *gr. ii.* and opium *gr. i.* at bed time.

6th.—The inflammation is ra-

ther more florid than yesterday, and vesications formed on the leg and thigh. The pulse is rather softer than yesterday, the tongue white on the edges, but covered with a brown fur in the centre; skin hot and dry, and he had a very restless night. The case coming now under the care of the physician Dr. ELLIOTSON, he ordered a continuance of the calomel and opium at night, and *gr. v. of the sulphate of Quinine*, with *gr. v. of the diluted sulph. acid*, in *2oz of water* to be taken every six hours, and three pints of milk to be allowed daily, and the spirit wash to be continued.

7th.—The pulse small and quick, tongue furred, and just as described yesterday; the inflammation appears to have extended a little further upon the side of the abdomen. As his bowels had not been moved for two days he was ordered *3j ol ricini statim sumend. et repet. si opus sit; enema commune*; continue the Quinine.

8th.—The patient has been very restless, feels exceedingly weak, pulse rather feeble, and tongue very much furred with great thirst: continue the former medicine and diet.

9th.—He was ordered a pint of porter in addition to his former medicine.

10th.—The erysipelas had spread up the side nearly to the axilla, and round the sides of the chest. The pulse very quick, one hundred in a minute, very feeble, and great prostration of strength. On the dorsum of the foot there appeared to be

position to gangrene, a light poultice was to be applied. He was ordered beef steaks daily and two pints of porter, the sulphate of Quinine was to be taken every four hours, with the cal. and opium at night.

11th. The pulse to day is fuller, and the patient feels much more comfortable. He has had a better night than before.—The inflammation has not extended any further, and is not quite so florid. The vesications have almost subsided. He continues the poultice on the lower part of the leg, and the evaporating lotion on the other part. Ordered *gr. i. of Opium, without any Calomel.*

12th. He was ordered to day, in addition to his former allowance, 3 *ir. of Sherry.* His pulse fuller than yesterday, but still feels very weak. The inflammation does not appear to have diminished much.—The spot on the foot is about two inches and a half in circumference; the man looks pale—has a very anxious countenance.

13th. He appears to be improving.—His tongue is getting cleaner. His pulse firmer and slower now about 80.—The redness is diminishing, and the swelling of the leg and thigh has very much diminished.—His bowels are regular, and skin getting cool.—He had *three pints of Porter* ordered to day, and continues the *Quinine* every four hours, with the *Opium* at night.

(To be continued.)

Whoever has seen this patient

must concur with us, in thinking that his situation at one time was exceedingly critical, and that the air with which he was surrounded was any thing but favourable for his recovery. If there is one case in the hospital that requires a little better ventilated apartment than another, this is certainly the case. Instead of which, the man remains, not only in the worst wing, but also in the worst ward of the hospital. Has not Dr. ELLIOTSON sufficient influence to procure the removal of his patients from one ward to another, when necessary? Or is the ticket issued from the head-quarters of Prompter Nash, to remain rivetted to the bedstead at the upper end of a long narrow ward (like Abraham's), closed at one end, having windows only on one side, and only one entrance, and situated on the ground floor?—Is a patient necessarily to remain in that very place where the mere dictate, of the surgery man, on the admission of an accident may direct? Bad as the ventilation of the house certainly is, there are some wards into which a greater number of fresh breezes force their entrance, than into others; and we think it would have been much better to have paid more attention to this important subject during the late repairs, than to have expended such a large sum of money in merely garnishing the brick walls, and the Ionic pilasters.

The principal accidents ad



mitted this week are, a contused wound of the leg; an extensive laceration of the scalp; a fractured leg; a superficial wound on the arm; a very bad lacerated wound of the palm, accompanied with comminuted fracture of the phalanges of the three first fingers. It was considered from the appearance of the wound, that it would be better to remove the fingers immediately; and as Mr. TRAVERS could not come, he desired his dresser, Mr. BECK, to remove them, which he did very skilfully.—The first finger was removed just above the first joint, and the middle and ring fingers were removed at the second joints. The case is doing extremely well.

There has been no other operation performed here this week.

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### ST. BARTHOLOMEW'S HOSPITAL.

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The only operation performed here this week was the removal of a scirrhus from the female breast, by Mr. STANLEY.

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### WESTMINSTER HOSPITAL.

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#### *Continuation of the case of George Johnson.*

July 7. The wound appeared rather more extensive than yesterday; great anxiety manifested in the countenance; pulse 120 and feeble; tongue furred,

and an incoherence in his speech and actions is perceptible, indicating a low kind of delirium, with great constitutional derangement. The patient's head has been shaved this afternoon, and bathed with cold vinegar. The sore is still dressed with the arsenical solution.

8th. The wound the same as yesterday: pulse 110 and feeble; bowels open; tongue furred; delirium in a slight degree abated.

9th. The patient in the morning appeared evidently worse, lying on his back, and seemingly unconscious of what was passing around him, although answering in a low tone of voice, and unconnectedly, any question put to him. He was utterly insensible to pain; the pulse could not be felt at the wrist: the eyes were half closed and rayless; and his hands, and the whole of the superior extremities cold and inanimate, too plainly denoting the rapid strides of approaching death, which at half past ten in the evening at length overtook him.

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July 13. Mr. White removed the enlarged tonsil of a man, except which no operation has been performed here since our last report.

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The only accident of importance admitted to this hospital within the last week, was the fracture of the thigh of a man this morning.

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## ST. GEORGE'S HOSPITAL.

July 11. Sir Everard Home amputated the thigh of a man, with a circular incision, in the usual manner. Four arteries required tying.

*On the impropriety of detaining a Patient in the Surgical Theatre of an Hospital, longer than is absolutely necessary for the operation.*

SIR,

As the principal object of the LANCET is to improve the medical and surgical practice, and, of course, to ameliorate the condition, and to diminish the distress of the subjects of its operation; you may not, perhaps, think the following observations unworthy of insertion.

When the fiat of an hospital surgeon has determined a patient to an operation, the space of time, from that moment to the moment of his conveyance to the theatre, must be a time of increasing anxiety and distress.— This is, frequently, a space of some days, [I have known it to be for some weeks,] and whoever is well acquainted with the nature of the animal economy must be convinced how much

such anxious expectation, such painful anticipation, must agitate and disturb its functions, and render it more unfit for the operation. I am aware that, sometimes, after the surgeon has determined on the operation, the patient will request a few days delay, which must be granted; yet, at all times, it is the duty of the surgeon to make this anxious interval as short as possible.— But this is of minor importance to what takes place after the patient is brought into the theatre. Feverishly heated, and frequently very much exhausted by his previous sufferings, every moment, at this dreadful crisis, becomes to him an hour, and every additional moment that he continues under the torture of the different instruments, diminishes the chances of the success of the operation, and of course, increases the danger of his life. I have seen but few operations in the Borough hospitals, yet sufficient to observe that they pay little or no attention to the circumstances which I think of so much importance, and which I will illustrate by describing an operation for lithotomy at which I was present about a year and a half ago.

The surgeon, for I think it un-

necessary and improper to mention names, the surgeon, who, I conclude, must have previously, examined his patient, a boy about eight or ten years of age, re-examined him at this dreadful moment; but, unfortunately, could not feel the stone, till, after trying in all directions, and putting the boy in excruciating pain for several minutes, he, at last, satisfied himself and gave the instrument into the hand of another surgeon, for further testimony. His colleague attempted, for several minutes more, to convince himself of the existence of a stone, but in vain; and resigned the instrument again into the hand of the operator; who, in a short time, was again convinced that he felt a stone; but, not being willing to operate without the concurrent testimony of his colleague, the latter made a second examination, longer than the first, and was, at last, satisfied that the operation might be performed!! These examinations occupied full twenty minutes, during the whole of which time the boy continued screaming, and was nearly exhausted before the operation commenced. The operation itself was tedious, and the effect of the wait upon

my mind was distressing.—

What must it have been to the young sufferer? As I went there accidentally, circumstances afterwards prevented me from enquiring concerning the fate of the poor boy; but I remember that my prognostic was most unfavourable. Now, a great part of this painful process might be, or ought to be avoided. It is woeful to the patient, it is disgraceful to the surgeon;—for the pupils will not fail to include the whole time in the operation, and to say that, he was thirty-five or forty minutes performing the operation. Every examination, then, requisite to ascertain the nature of a disease, and the necessity of an operation, should take place a day or two before in the ward, or in some private apartment. This point being previously settled, the surgeon should be ready to commence the operation at the moment the patient is brought into the theatre, and placed in a proper position; and should proceed in the accomplishment of it as quickly as possible, or as is consistent with its success.

This used to be the method at St. Bartholomew's, when I was a surgeon there in the time

of Mr. POTT; and without any bias in favour of departed genius, I have no hesitation in declaring that, I have never since witnessed any operations which could bear a comparison with his for rapidity and dexterity. I assisted when he performed the operation of lithotomy upon two boys; and the time occupied, from placing the first boy in his position, to carrying the last out, dressed and bandaged to his bed, was only nine minutes and a quarter; and though Mr. POTT, in his lectures, used to condemn the practice of "timing a surgeon's hand by a stop-watch, for that he, performed an operation *quickest who performed it well*," yet I maintain that every unnecessary moment that a patient is kept under the operator's knife is an hour's importance to his feelings, and to the success of the operation.

I shall just mention another case, among many which I have witnessed, where a surgeon, having exposed the intestine of an incarcerated hernia, and having divided the stricture, addressed the pupils upon some little singularities of the case, during two or three minutes, indeed it seemed to me a much longer time, with the exposed intestine smoking in his face; instead of returning it instantly into the abdomen. This patient died, though no part of the protruded contents of the hernia were sphacelated at the time of their exposure.

H.

July 11th, 1824.

To the Editor of the *Lancet*.

SIR,—During the greater part of my stay in London, I have been in the habit of attending the practice of Guy's Hospital only; but two of the surgeons of that institution, having been within the last week or two prevented by illness from following their professional avocations, I have attended the practice of St. Thomas's also, and I can assure you as a fact, that in common with many of my fellow pupils, I have sometimes gone round the wards of that hospital with the surgeons, without hearing them make a single observation on the numerous cases which came under their notice. In the hope that this statement may make the surgeons of St. Thomas's, take some what more interest in the instruction of the pupils, I send it to you for insertion.

I am yours,

&amp;c. &amp;c.

A STUDENT.

Borough, July 14, 1824,

If the circumstance mentioned by our correspondent be true, which we believe it to be, it shews the manner in which the "Hole and Corner" surgeons of St. Thomas's, who divide between them near £2000 *per annum*, discharge their duty to the pupils whose money they so willingly pocket; and it puts in a strong light the reasons why these gentlemen are so anxious

that nothing concerning their conduct should be made known. Perhaps they would favour the world with an account of the motives which induce them to take the money of the students, and put it into their own pockets, without thinking it of the slightest consequence whether they give anything in return for it or not. We take this opportunity of stating to the different students, attending the metropolitan hospitals that we will at all times give publicity to any case of neglect of duty towards them, on the part of their teachers; we shall be always ready to do it, because the attendance on many of the lectures, and places of instruction, is compulsory, and competition among medical and surgical teachers is greatly fettered; therefore a powerful check on the conduct of these gentlemen will be the fear of exposure, when they fail to discharge their duties in a proper manner.

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DR. JAMES JOHNSON.

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*To the Editor of the Lancet.*

Sir,—You, as well as every medical man in London, are aware of the cringing and servile man-

ner in which a *Doctor James Johnson* established a Review, by mawkishly lauding the works of such as he thought likely to serve him, or those he *dreaded* to offend. You are also, no doubt, Sir, aware of the vulgar and upstart arrogance of this illiterate pretender, now that the disgraceful success of his journal has raised him a little in the world:—a success which, when considered by what humiliating means attained, ought to make the man blush—but it is difficult, if indeed possible, to make a *certain caste* ashamed.

In his last No. (17) for June, he has had the modesty, to abstract a case, *furnished by himself* to the Medical and Physical Journal, of a Lady D.—Fiddlediddee, no doubt—so coarsely drawn up, abounding in such vulgarisms of expression, that it is matter of surprise, how the members of a learned profession can tolerate to read the judgments of a man so grossly ignorant of even the initiatory elements of a common parish education.

*Doctor Jemmy* is first introduced to a drawing-room, where he finds Lady D. “*rolling about*” (like a ship in a gale of wind), and she is “kept in a state of *jactitation*” (*Jemmy* means to shew that he can guess at the sense of a French mode of expression, although he cannot translate it.)

By and by, ten grains of calomel were with difficulty, “*got down the throat.*” *Jemmy*, to have accomplished a climax of elegance and eloquence, might as well have said at once, “*crammed down the throat.*” Then, to be sure, arrah! she gets five grains more of calo-

mel, and "a black draught." Oh! the barbarian! this last elegance he must have borrowed of his washerwoman. "No evacuation through the night,"—through the bowels the blockhead must mean. At nine next morning "the pulse got up," but the lady did not. After that "the bowels became freely opened;" one would think by the phrase, he had employed a *speculum ani* for the purpose. Was ever language so abused! This uncouth Mullachan, must certainly have learned the liddle he knows of the English tongue, with his mouth full of murphies.

Lady Fiddledid-e struggles violently to get out of bed, requiring the exertions of "several attendants" to restrain her, and from this circumstance Doctor Jemmy sagely and with incomparable ingenuity concludes, with words in italics, lest the reader should overlook so much wisdom, that "*there was not therefore any paralysis present!*"

The Lady D. is at length killed *secundum artem*, and then we come to the "Dissection, by Sir A. Cooper, Mr. Freeman, Dr. Warren, Dr. Johnson being also present." Why does the man say *also*? by the absurd and needless use of which word, is implied, that the two first gentlemen could have dissected the body *without being present*.

Never was more occasion for the lachrymose expression

"Oh, Jemmy Johnson! Jemmy Johnson, oh!"

than when applied to this uneducated man:—but, sir, I am sick of analysing the stupid, and vain, and self-complacent, and worth-

less trash, of such a wretched scribbler.

Yours, &c.

ZOLLUS.

P.S. As another instance of this man's want of common learning, refer to page 250 of the same Review, (if I *must* disgrace the word), where is announced, the arrival for sale of some of the *Secale cornutum*, or *seigle ergoté*, which this learned reviewer translates Ergot of rye; the man seems unconscious that *cornutum* and *ergoté* mean nearly the same thing, the one, horned, the other spurred; *seigle ergoté* then is simply, Spur-rye.

\* \* We have omitted some passages, which our Correspondent, on reflection, must allow to be very objectionable.—Ed. L.

DISPENSARY FOR CURING DISEASES OF THE EAR.—A sermon was preached on Sunday last, at St. Mary's, Park-street, by the Rev. George Marsh, for the benefit of this useful institution; on which occasion a handsome sum was contributed by Mr. Marsh's gratified hearers. It appears, that since the establishment of this Dispensary in 1810, the greater portion of 4500 patients afflicted with deafness who have received aid from the institution, has been cured or relieved,—so successful has been Mr. Curtis's mode of treating this melancholy infirmity.—*Examiner*.

## LITERARY INTELLIGENCE

In the Press.—The Butterfly's Ball, by JOSEPH GREEN, Esq., Surgeon to St. Thomas's, dealer in Paper kites and Butterflies, &c. &c.

*\*\* We are prevented by press of matter, from inserting our Foreign Intelligence this week.*

## MEDICAL PROMOTIONS.

## HOSPITAL STAFF.

Assistant Surgeon F. Fenton, from half-pay to be Assistant Surgeon to the Forces, vice Ferguson, promoted.

CAMBRIDGE UNIVERSITY.  
PROMOTIONS.

Bachelor of Physic.—J. B. Stewart, of Pembroke Hall.

## BIRTHS.

In Scotland lately, the lady of Dr. Watson, of a daughter.

In Cork, the lady of M. Mc Namara, Esq. M.D. of a daughter.

A female on Sunday last, residing in the Rue de Barre, named Perigot, was delivered of a female child, 18 inches in length, weighing 20lbs. having two heads, four arms, and four legs. This phenomenon lived only a few minutes, but the mother is perfectly well.—*Paris paper.*

## MARRIED.

On the 7th inst., Dr. Anderson, 92nd foot, to Georgina, third daughter of the late Captain Graham.

At Cupar, Dr. J. Spence, to Robina, daughter of the Rev. R. Coult, of Brechin.

At Edinburgh, Dr. J. A. Robertson, to Anne, daughter of the late C. Lockhart, Esq.

At Sheffield, Mr. Matthews, Surgeon, to Miss Jenkins, of Hatfield.

At Newark, G. Taylor, Esq. Veterinary Surgeon, to Miss Small, both of that place.

In Derbyshire, Mr. Child, Surgeon of Melborne, to Maria Louisa, daughter of Rev. Mr. Greaves.

At Cheltenham, Mr. S. Brooks, Surgeon, to Sophia, daughter of Rev. H. Willis.

## DIED.

At Strathpeffer, Ross-shire, Thomas Morrison, Esq. M.D. of Elsieck.

At Swansea, W. Donsall, Esq. M.D.

At Shrewsbury, Mr. Walmsley, Surgeon, late of Llangollen.

## NOTICE TO CORRESPONDENTS.

We are requested in a letter from a correspondent at the *Hôtel Dieu*, to give an explanation of the phrase "Hole and Corner." It is not very easy to explain this phrase to a foreigner in a short space; the word '*Eteignoirs*,' however, which was applied to a certain class of politicians on the second return of Louis the Desired, of the Inevitable, as some persons maliciously called him, is nearly analogous to it.

# THE LANCET.

VOL. IV.—No. 4.] LONDON, SATURDAY, JULY 24, 1824. [Price 6d.

## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*  
WEDNESDAY EVENING,  
MAY 19, 1824.

### LECTURE 67.

Having given you, in the last lecture, a general description of scrofula, we shall now proceed to treat of the several parts attacked by this disease, and first of the absorbent glands most commonly affected.

*Serofulous affection of the glands of the neck.*

Of the different absorbent glands, those of the neck are most frequently affected with serofulous disease. Now, when you are consulted in a case of this kind, the symptoms you find are as follow:—In the first place, you learn from the child's mother, that she at first observed a swelling in the neck which was small, hard, not painful, nor in any way discoloured; but tender to the touch. Thus the inflammatory process does not

go on to the rapid destruction of the part, for the swelling will frequently remain in this state of indolence during weeks, months, and sometimes years. Sometimes, however, owing to accidental circumstances, or changes in the weather, or the state of the child's constitution, the complaint proceeds with greater rapidity. If the complaint occurs in a person of an irritable habit, it will advance with rapidity; if on the contrary the person be of an indolent nature it will be slow in its progress. When you examine by dissection, the state of the parts affected with serofulous disease you find extravasated into the gland a great quantity of blood, and the blood-vessels enlarged. The interior of the gland is composed of rather a firm substance, which is of a yellowish-white colour. If you inject the subject first, you will see that the blood-vessels do not pass into the substance effused—in fact, that the adhesive matter is not organised. As the vessels do



deposited in a gland. I removed it after death. These deposits are usually composed of carbonate of lime.

*Treatment of enlarged absorbent glands of the neck.*

When a child with a scrofulous enlargement of an absorbent gland of the neck, is brought to you for advice, you will treat it, if the complaint be of recent occurrence, like a case of common inflammation. You will give rhubarb and calomel internally, and you recommend evaporation lotions, for local applications. The best lotion you can use, is the *liquor plumbi superacetatis* with spirits of wine and water. In this way the inflammation will be gradually subdued. But these glands are apt sometimes, notwithstanding all the means you employ, and all the care that may be taken of the child, to go into the suppurative stage. In this case you must give the *rhubarb* and *carbonate of soda*, twice a day, together with a small quantity of the *hydrargyrus cum cretâ* (one grain) three or four times in the twenty-four hours. You must next consider what local treatment to employ if the gland suppurates. When you find that there is a disposi-

tion to suppurate, evaporating lotions will not succeed, and therefore must be discontinued. You should feel if there be any fluctuation; for the moment that there is the slightest blush on the part and sense of fluctuation, indicating the presence of pus, you should make a small opening with a lancet, as in a common abscess; you should not wait for the skin to assume a livid hue, for then you will never be able to prevent scars. A scar in the neck of a boy is not of much consequence, but in the neck of a female, it is quite a different case. In boys, the neck is covered by the dress; whereas in females, it is generally exposed, and a scar in that part might be the means of destroying the happiness of the individual, whose misfortune it was to have it. Nothing, gentlemen, is so revolting to the mind, or at least the minds of those who possess fine feelings, and a refined taste, as the appearance of any thing on the female figure which calls to the recollection, that the person you behold is tainted by a disease of a scrofulous nature; and therefore it is your duty, if you have any regard for your own reputation and the happiness of others,

prevent the occurrence of scar on the neck, a circumstance which may be easily effected. I will tell you why scars on the neck are so frequently met with; the surgeon waits, too often, till the skin has become livid, and then makes a puncture. But in this case, he gains nothing by making an opening into the gland; in fact, if the skin be of a livid colour, I advise you then not to make an opening.— Apply poultices, and let nature effect the opening; for the scar will not be so great then as if you were to make it. But I seriously advise you to make a puncture before the skin assumes the appearance I have just been describing to you. The instrument with which I open these abscesses is a cataract knife, and I make the incision transversely, and just in the direction of the creases of the neck, so that when the wound heals, no scar is to be perceived. When the matter is discharged by the puncture, apply your finger, to the side of the swelling and squeeze out all the solid matter that may be contained in the gland. If the sac be not carefully emptied of all the solid matter, this substance will keep up considerable irritation and prevent the

healing of the wound, therefore I wish to press on your attention the necessity of attending to this point. I have frequently seen serious inconvenience occasioned by its being neglected. Remember first, the time at which you are to make the puncture, and the direction in which it is to be made; and secondly do not omit in all these cases to squeeze out all the solid matter that may be within the gland. If the wound be indolent afterwards, you had better inject into it a solution of sulphate of zinc, containing about a scruple of the zinc to a pint of water. Throw a small quantity of this into the wound, it will soon produce healthy granulations, and lessen the discharge if it be copious. Such, then, gentlemen, is the treatment to be adopted after the gland has proceeded to the suppurative state. What I advise you to do, is to make an opening into the gland as soon as fluctuation can be detected, and before any discoloration of the skin takes place; in order to prevent a scar hereafter. Thus you see by a little attention the cause of much unhappiness may be kept off. At this time you should give rhubarb and carbonate of iron, about two grains of the former, and five of

the latter twice a day. The diet should be nutritious, but not in the slightest degree stimulating. With respect to the ulcerative process, there is nothing particular to remark; fomentations, poultices, and the ordinary means must be had recourse to. Your object, however, should be to prevent ulceration by the mode of treatment I have laid down, and it is only when it cannot be prevented that these means are to be employed.

#### *Affection of the Mesenteric Glands.*

The glands which are affected with scrofulous disease next in frequency to those of the neck, are the mesenteric glands. In young persons, they are most commonly affected at the age of six or eight months. This complaint is known by the belly being tumid, and from the tenderness on pressure; attenuation of the skin, voraciousness of appetite; the limbs of the child at the same time wasting. The intestines are equally irregular, being sometimes purged at others costive. In the motions are occasionally observed earthy matter (a specimen of which I now send you round) composed of carbonate of lime. The causes

which produce enlargement of the mesenteric glands arise from disease of the secreting glands of the intestinal canal, such as irritating food; which irritates the mouths of the absorbent vessels of the intestines leading to the mesentery. With respect to the effects of mesenteric diseases, they consist at first in an interruption of the process of absorption. The chyle travels through the absorbents to the mesenteric glands, and when some of these are enlarged the chyle is interrupted in its course. Although the child generally eats so voraciously, is it wonderful that there should be such emaciation independent of the irritation, produced by the system being deprived of nourishment?

#### *Treatment of Diseased Mesenteric Glands.*

As to the treatment, I advise you to direct that the child should take animal food, prepared so that it may be easily digested. Vegetable food is very improper. A little arrow-root may be taken, and nutritious broths. Animal food will generally best agree with the child, if it be prepared in the manner by which it may be most easily digested. The

ciple on which you act, is, that the child may take the most nutritious food, and why? Because absorption being to a great degree prevented, it is important that nothing but highly nutritious food should be taken, so that nutriment may be conveyed to the system. Animal food is more nutritious than vegetable food, therefore you give it in preference to the last. To assist the digestive process, it is desirable to give some wine and water, to stimulate the stomach to secrete the gastric juice, and to excite the action of the intestines; in exciting the intestines, you have a two-fold object in view: stimulating the absorbents, and producing the peristaltic motion of the intestines. The best medicines in this disease with which I am acquainted is the *oxymuriate of mercury* given in small doses, and in combination with the *tincture of bark*. One grain of the *oxymuriate* in two ounces of *tincture of bark*, or should the bowels be costive, in the same quantity of *tincture of rhubarb*. The *hydrargyrus cum creta* and *rhubarb*, given so as to produce an aperient effect, are good medicines. The *oxymuriate of mercury* should be given

with no other view than to improve the secretion from the liver and intestines, and thus produce one stool a day. The abdomen should be covered with a stimulating plaster, or frequently rubbed with the hand, in order to produce a gentle action in the part, and excite the absorbents. This is the treatment of enlarged mesenteric glands.

Dropsy is sometimes connected with this disease. Then paracentesis should be performed; when the patient generally recovers. Now and then a mesenteric gland suppurates, opens at the navel, and frequently communicates with the intestines, and thus an artificial anus is produced. In these cases, where there is an artificial anus, a large proportion recovers. Poultices should be applied over the opening; and when the inflammation is subdued, strips of adhesive plaster should be applied, so as to bring the edges of the wound together, but not until you think that all the matter has been discharged from the gland.

#### *Diseases of Joints.*

The diseases of joints vary in their character, according to

the stage of the complaint. It generally happens that after a child of a strumous habit has walked a considerable distance, that it complains of pain in the joints, which is accompanied with stiffness of the joint, and inability to move it. The parent takes alarm; and I may say that this disease can never be too early attended to. The complaint may generally be removed, if it be attacked early, but if six weeks or two months elapse before the person applies, he will never recover. A great deal, therefore, depends, in this complaint, on early treatment. To prevent mischief is infinitely better than to effect a cure; and in these complaints a cure is not so easily effected. There is little tenderness at first, and the swelling is very slight. If the synovial membrane be inflamed, there will be a gritting between the bones under the patella on each side, and so in different parts according to the joints affected. The joint will remain in this state for some time, possess the same appearance as in health and the constitution suffer little. But where it has existed a long time, the suppurative process will at last be set up, and the joints will as-

sume the character common to inflammation of all joints. When the suppurative process commences, a great quantity of pus is secreted, if there be much constitutional irritation. Indeed there may be at first a copious secretion and slight constitutional derangement; for the suppurative process is not attended with the same constitutional effects as in other parts of the body. When the abscess breaks (which is a long time from the commencement of the disease) the ulceration is often at a little distance from the joint, and there are generally sinuses extending from the point of ulceration, for 2 or 3 inches up to the joint, and thus in scrofulous enlargements of the knee, the abscess generally breaks above or below the patella. We generally let these abscesses open by themselves, as there is little constitutional irritation at first, and the opening cannot be delayed too long. The abscess generally opens in more parts than one, and the suppurative process takes place at a distance from the joint; the ulcerative process is slow and excites little constitutional irritation. When you dissect a joint affected with scrofulous disease, you

after having cut through the integuments, that there is a great deal of adhesion between the ligaments and interstices of the skin. Next you will see the capsular ligament thickened, and that the thickening has taken place on its interior surface. The synovial membrane will be also found highly vascular. You now examine the cartilages, when you will find that they have undergone more or less ulceration, and covered by processes of adhesive matter; and, lastly, the bones themselves will now and then be in a state of ulceration; sometimes there are earthy deposits on them; but they are more frequently lessened in size.—With respect to the nature of the complaint, I believe that it is the result of exercise, which has produced inflammation of the internal lining of the joints, and frequently the synovial membrane. The action of the joints leads to the inflammation; or you find that a child after walking, for taken as it frequently is to a distance from its place of residence, the parent forgetting that it has to make two or three steps to her one, the attention being kept up by the prospect of amusement, that in these cases you

will find the child on the following day complaining of pain in the joints.—A medical man is consulted, who finds swelling and signs of inflammation of the joint; inflammation of the synovial membrane comes on, which leads to the absorption of the cartilages, and sometimes bone; for my own part, I believe that it is the internal lining of the joints originally affected.

Mr. BRADIE, whom I am proud to call my friend, has written a work on diseases of the joints, which cannot be too carefully perused by those who wish to become acquainted with these affections; and he is more disposed than I am to think that the disease commences in the cartilages. I am of opinion that the synovial membrane is at first attacked, and then that the complaint gradually extends to the other parts. It however matters little, for the same treatment is to be pursued, whether the disease originates in the cartilage or the internal lining of the joint.

#### *Treatment of Scrofulous Affections of the Joints.*

The treatment required in these complaints is as follows: the great object is to preserve the limb in

a state of rest. This is so obviously necessary for an inflamed part, that every man will see the reasons for attending to it. If I had inflammation of the hand, should I expect that inflammation would cease unless I kept my limb quiet and in a state of rest? and is it not equally absurd to imagine that an inflammation of the joint will be subdued, unless that joint be kept in a state of perfect rest? I will not say that the body should always be kept at rest, but only the limb affected. This may be often secured, so that it shall remain quiet, although the body is in exercise. Next in importance to rest is the reducing the heat of the part.—Evaporating lotions of water and spirits of wine, or the liquor plumbis superacetatis diluted with spirits of wine and water, should be employed. Rhubarb and the submuriate of mercury ought to be given once a day or every second day. Suppose, however, that the disease advances, and is not subdued, it will be necessary to employ some local counter irritation. Blisters, tartar emetic ointment, vinegar poultices, issues and setons, are the various means used for this purpose. If the joint suppurates, it will be best not to apply issues or setons close

to the joint. Mr. CLINE tried once to investigate this point, and the result of his observation was that if setons and blisters were employed, they should be employed at some little distance from the joint. Blisters may be applied over the joint, but they should not be so large as to produce considerable irritation; they should be kept open by the *unguentum sabinae*. Depend on it, this is the best treatment; the tartar emetic ointment is a useful irritant, in the proportion of a dram of the tartarized antimony to an ounce of spermaceti ointment. When the irritation has, by evaporating lotions, and other means, been lessened, no motion being at all employed, it will be necessary to put a splint under the limb, extending from the ham to the heel, and then to use friction, so that the joint may in time be restored to use. If no friction or passive motion be employed, there will be no use of the limb any more. This was the great advantage of the late Mr. GROSVENOR's plan of Oxford. I will not say that friction, when the inflammation is going on, is not injudicious, but I mean that if the inflammation be subdued, you are not to leave the joint in a state of rest, but to use friction. Let me put you on your guard, with

respect to cases of common inflammation; in them you may employ motion earlier than in scrofulous disease; there is such a disposition to a return of these last affections, that you should never give any pain in the motion you use; the exercise should be so employed, as not to excite the least uneasiness in taking it.

The next circumstance to be considered is, when does amputation become necessary?—Formerly limbs used to be amputated for scrofulous affections much more frequently than at the present day, and the reason of it is, that the affected limb may, with care and management, be often made more useful than an artificial one. In enlargements of the knee and ankle, it may be necessary now and then to amputate, but it ought never to be done unless the patient is labouring under great constitutional irritation, which threatens destruction to his life, or the limb has undergone such changes that it is not likely to be useful hereafter. For instance, in cases of scrofulous affections of the ankle joint, the foot often remains extended, and the patient is only able to walk on the toes. Here an artificial foot would be much better than the natural one. In scrofulous diseases of the knee-joint, the tibia is often dislocated forwards. You saw a case lately, over the way, of this description; the deformity will always remain and the limb be of little use. Amputation of the fingers and wrist is occasionally performed; that of the elbow very rarely.

## CHEMISTRY.

We concluded our remarks on electricity last week by shewing that that the division of substances into electrica and non-electrics, is perfectly unnecessary and incorrect, since every substance in nature is electric under certain circumstances; and hence non-electric bodies, cannot exist.

We have somewhere previously remarked, that "when a body is electrically excited, it will attract other bodies;" this fact is observed to obtain only to a certain extent; for we find, in some cases, that electricity will produce just the opposite effect, namely, it will *repel* other bodies which happen to be placed within the sphere of its influence.

The circumstances necessary for both these phenomena are, that the bodies themselves shall be either in *different* states of electricity, or that they shall be *similarly* electrified: in different states where they attract each other, and in similar states where they repel each other. The first of these phenomena may be shewn by rubbing a wine glass, sealing wax, or glass rod, with a piece of flannel, as previously noticed, and bringing it near light bodies which have *not* been excited, such as are in a different state of electricity, for instance, as small bits of cork or feathers, under ordinary circumstances. The second phenomenon—repulsion, and which is the most important one of the two, may be shewn by bringing bodies which have been *similarly* excited, or charged with electricity, near each other.—



Under these circumstances they will mutually recede from each other; in other words, —repel each other. The most simple method of shewing this fact, is to suspend two feathers, pith balls, or small bits of cork, each by a length of cotton thread, from an insulated point (say the end of a glass rod) so that the two balls may lie in contact with each other, as they hang suspended from the point. Let them now be similarly charged with electricity, by bringing an excited body (say rubbed sealing wax) in contact with the upper ends of the thread by which they are suspended. The electricity which has been excited in the sealing wax, will pass down through the thread, which is a conductor, to the balls hanging from the lower extremity; the balls by this means will both receive the same portion of electricity, and being insulated, and unable to part with it, will consequently become charged alike. The effect will be, that they will instantly repel each other, and be driven apart with a force proportioned to the quantity of electricity employed; or, in electrical language, diverge in proportion to the intensity of the charge. The same fact may be shown by suspending two pith or cork balls, by silk thread, without the use of a glass rod, because silk is a non-conductor of electricity, and therefore the balls by this means will be perfectly insulated. Instead however of charging them through the thread, as in the last experiment, the excited body must be brought in contact with the balls them-

selves. The same phenomenon of repulsion will result.

On the principle of electrified bodies repelling each other the *electrometer* is constructed. Two slips of gold leaf are suspended, lying on each other within a glass jar, from a wire which communicates with a plate, placed on its mouth. The glass jar being itself a non-conductor, the gold leaves are insulated, and the instrument is complete. When any body excited, or charged with electricity, is brought in contact with the plate on the mouth of the jar, which is technically called the "cap" of the electrometer; the slips of gold leaf become similarly charged, and instantly repel each other, and being very delicate and light, indicate by their divergence the smallest quantity of electricity.

It is worthy of remark here, that if the *metallic* cap of an electrometer be rubbed, or repeatedly struck with a dry silk handkerchief, the leaves will indicate electricity by their divergence. This fact decidedly proves that metals are capable of being excited, and therefore are *electrics*: unless indeed we suppose that it is the silk, which has been excited, and communicated its electricity to the insulated metal plate. But this argument, if true, would hold in explanation if the rationale of the action of the common electrical machine, which every one acquainted with the science, knows is indispensably made of an *electric* body.

The fact that bodies, which are in different states of electricity, attract each other; and

that similarly electrified bodies *repel* each other, is one of the last importance to chemical science; it is in virtue of this law, perhaps, that all combinations, and decompositions occur, in the chemical laboratory, and even those more sublime and magnificent phenomena which take place in the great laboratory of nature.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

*A case of disease of the Cervical Vertebrae, with an affection of the Cervical Nerves.*

W. W. aged 50, by trade a stone-mason, tall, but of a spare habit, was admitted into Lazarus ward on the 7th of July, under the care of Sir A. COOPER. — Complaining of great pain on the side of his neck, extending below the shoulder. He states that a little more than two years since, whilst trying to lift a large stone from the ground, he gave his head a sudden twist, and felt something snap. He felt no particular inconvenience for three or four months after this time, but then began to feel pain in the side of his neck, which gradually increased and became very severe; he felt something fly through his head, with a report, which appeared to him as loud as a musket. This sensation was produced as many as ten or twelve times. He went to a surgeon for the pain in his neck, and he applied blisters two or three times, and ordered the arm to be rubbed

with a liniment, and afterwards introduced a seton. He found himself not much benefited and was obliged to lie in bed, as the pain was much increased when he attempted to keep the trunk erect. About six months since he went into the Middlesex Hospital, and was under the care of Dr. MACMICHAEL, and was also visited by Mr. BELL. He was there frequently *leeches* and *cupped*, from which he says he always found relief. He afterwards had a seton introduced, and rubbed in *ungt. hydrarg.* He improved very much under this treatment for ten weeks, so that he was able to dress himself, to walk a little without support, and also to shave himself. He relapsed again, however, and for the last six weeks of his stay in the hospital, he was very little improved, and left, with his complaint nearly in the same state as when he went in.

When he came here he looked pale, and rather emaciated; he has an almost constant convulsive twitching of the muscles of the neck, pulling the head towards the right shoulder, and at the same time a little backwards; if he attempts to draw the head towards the left side, it feels as if bound to the opposite shoulder, or, as the patient expresses himself, "It feels like a tight wire passed through his neck, going down to his shoulder and side." He has great difficulty of breathing, following any considerable muscular effort, and several minutes are necessary for him to recover an easy state of respiration, and whilst making these attempts he complains of the pain being increased

about the shoulder, and also in the course of the phrenic nerve. When asked what part gave him the most pain, he pressed his finger firmly behind the lower part of the mastoid process of the temporal bone, and said that it was there. He can move his arms freely, and there are no other parts that appear to be influenced by the injury but those we have mentioned, as the nerves going to the axillary plexus are not affected. Sir A. C. ordered him to be cupped on the neck, to 3xij and to take *Ph. Plummeri gr v. c. gr. ½ opii* every night. Remarking at the same time, that it was a very curious and interesting case, as it possessed some characters which rendered the precise nature of the disease rather problematical. He has since been bled in the jugular vein, but the quantity obtained, was not so much as was wished from the jerking motions of the head. He has not felt much benefit yet from the treatment, and Sir A. ordered him to day, *July 20*, to be again bled, and increased the dose of the pills. His tongue is moist, pulse 78 and soft. We shall continue to notice the treatment of this case, and the results in our future reports.

#### *Case of Aneurism of the Abdominal Aorta.*

J. T., aged 31, by trade a miller, was admitted into Lazarus ward on the 28th May. His countenance is florid, and has rather a plethoric appearance. In the discharge of his business he was obliged frequently to lift great weights of corn, flour, &c. His habits have been temperate, but his health was rather

impaired from his being obliged to stay up frequently at night in the mill. About two years since he first felt a beating in the abdomen; this at first he took no notice of, but from its increasing in violence he called on a neighbouring surgeon, who bled him, and gave him some aperient medicine, which he thought diminished it a little for a time. He continued his employment, however, until within a short time of his coming to the hospital, and the complaint had been gradually increasing. There is now a large pulsating tumour to be perceived about midway between the umbilicus and ensiform cartilage; the pulsations of the tumor can be very well seen. But if you press it with the finger gently, on the lower part of the swelling, you have a distinct thrilling sensation communicated; this undoubtedly is the part at which the blood passes from the vessel into the aneurismal sac. It has not caused much derangement in the functions of the abdominal viscera. Digestion appears well performed, and he has had no nausea or vomiting; and his appetite remains good; the process of nutrition is not impaired, as there is no emaciation, and the different secretions appear to be regular. The breathing is rendered rather quicker by less exercise than would do so in health. The pulse does not intermit, nor is it much accelerated.

June 21.—Sir A. Coombe wished him to try the effect of digitalis in lessening the heart's action, and he therefore ordered *gr. ss. of digitalis 3ss spirit* of the same.

time advising him to avoid all exercise, and keep principally in the recumbent posture. He continued this medicine for about a fortnight, without its appearing to have any sensible effect on the pulse, or on the pulsation in the tumor, and the dose was increased. On July 2, Sir A. C. in going round, said he had seen some benefit attending the use of soda in these cases, and he should like it to be tried here. He was accordingly ordered 3 ss. *sulph. r. soda* in *aq. menth.*, four times in the day. He has been continuing this to the present time, and he thinks the feeling of palpitation is not so violent as it was, and the tumor certainly does not throb quite so much as it did. It has not acted on the kidneys or bowels particularly, but it has appeared to produce a sedative effect. The skin is cooler, the pulse rather softer, and the tongue is moist. The bowels require to be moved occasionally by the *house physic*. Sir A. C. saw him again to-day, July 20, and wished him to continue the same medicine.

(To be continued.)

*Case of Gangrene of the Foot, produced by cold and intemperance.*

I. C. aged 50, was admitted June 12th, into Accident Ward. Countenance pale, pulse weak, and complained of great debility. He is by trade a shoemaker, his habits idle and intemperate. During the greatest part of last winter, he lived near the London docks, and worked and slept in a room badly protected from the inclemency of the

season, and without any fire. He would work two or three days in the week, and pass the remainder of it in spending what he had gained, in drink. Being too lazy to repair his own shoes, during the wet weather, his feet were kept constantly cold as well as wet. During the latter part of December he felt a numbness in his left foot, and the pain became afterwards increased so as some nights to keep him awake. This feeling went off again, and again returned at different intervals. Being on a journey to Woolwich, to obtain relief from the overseers, he was obliged to stop on the road from his foot becoming very painful, and on trying to pull off his boot, he found the foot so much swollen, that it was with the greatest difficulty he could do so, and he now fancied that his foot looked black: this alarmed him very much, and he was taken to the overseers of Peckham, kept by them for some time, and then sent to the hospital, and was received as an accident under the care of Mr. MORGAN. The integuments on the foot from the sole to the dorsum were in a gangrenous state, extending just to the ankle joint, but there was no line of separation marked. His pulse weak, and tongue furred, and great prostration of strength. He had stale beer poultices applied over the foot, was allowed 3 vii of wine, and two pints of porter daily, and put on the middle diet. In a few days his pulse became firmer, he slept comfortably, had a good appetite, and the gangrene did not increase in extent. A line of

separation between the dead and living parts soon afterwards formed, and this has gradually increased: healthy granulations have appeared on the surface, and the foot will in all probability separate at the tarsal joint, but from the destruction of integuments above the joint, it is considered that amputation higher up will be necessary. The man's general health is now very good, and in a favourable state for an operation.

The operations performed here this week, were the injection of an hydrocele, and the paracentesis abdominis, by Sir ASTLEY COOPER. Some amputations were expected, but they will be performed on Friday.

The accidents received this week are, a fracture of the tibia. A fracture of the radius. A contusion of the ankle. A lacerated wound of the scalp. Fractured ribs, and injuries to the hand and fingers.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURES

July 14.—There are not, said Mr. TYRRELL, many cases of my own that are interesting in the house at present, excepting the one of *Erysipelas* in Abraham, which you have to-day had an opportunity of seeing, and which is now better. The inflammation has been more extensive in this case, than in any other which I have seen, and it

has also spread much more rapidly than is usual. The patient has been taking a new form of medicine the Sulphate of Quinine, and in much larger doses than are usually given. This appears to be a very useful preparation, and in a conversation which I had with Dr. ELLIOTSON respecting it, he said that he has found that it does not produce so much after debility, and that it does not cause that derangement of the stomach and bowels which so frequently follows the other preparations of bark. It has been given in these cases in much larger doses than were recommended by MAGENDIE, who thought that ten grains in the 24 hours should be the extent of its administration; but this man has taken as many as thirty grains in the same time without producing any unpleasant effects.

There was a case of *injury to the head* taken yesterday into Guy's Hospital, on which I consider myself justified in making a few remarks, as the patient came in part under my care. (For particulars of this case see our report of accidents from Guy's Hospital for last week.) There are some circumstances in this case rather peculiar—and first, I may mention the complete loss of sense and of motion after re-action had taken place. The heat of the skin was also at one time very great, for when one of the dressers applied a thermometer to the surface he found that it rose as high as 106°. The dark colour of the blood from the temporal artery, is also very unusual. I have never seen this happen before.

except in two cases of suffocation from inhaling carbonic acid gas. But in this case I think it may be accounted for, by the accumulation of mucus in the tracheae, and larynx, obstructing the passage of air into the lungs. There is frequently very great difficulty in discriminating, between the symptoms of concussion and compression and it is very seldom, that you will meet with them very decisive. In the present case it appears to me, that when the man was brought in he laboured under concussion, that then an imperfect re-action took place, and that he finally sunk under the effects of some organic injury done to the brain.

There was a case of *concussion* in the house not long since which I dare say many of you may recollect, and I will just read you the particulars of it.—W. S. aged 19, of a tall and robust stature, fell from a height of 20 feet into a cellar; he had two small wounds on the right side of the scalp, but the pericranium was not detached from the surface of the bone. His thumb was also injured just opposite the first joint. He was found in a state of complete insensibility, and was almost immediately brought to the hospital as soon as discovered. Re-action in a short time after took place, the pupils were not dilated, the skin was hot, the breathing not very difficult, and without stertor, and he could be roused a little by irritating the surface or by speaking loud to him, but could not answer any question put to him. The pulse was quick, hard, full and regular, he

was bled to the extent of six oz. The pulse became rather softer, the breathing less audible; the pulse was at this time 109, and by the first bleeding a minute tendency to syncope was produced; at eight o'clock, p. m. the pulse having again got up a little, 8 ounces of blood were again taken off, and this produced a second time a faltering of the pulse; at twelve p. m. on the same night, he was again bled to the extent of twenty ounces, some pills of calomel and colocyynth were also given him, and in the morning the pulse being still full, and having suffered not a little of its frequency, fourteen ounces of blood were taken by cupping from the back of the neck. He was still unable to answer any question, and the pulse was rather variable after the cupping. An injection was ordered which produced one evacuation; in five hours after another was procured, and the injection ordered to be repeated.

On Thursday, the day following, he had passed a very restless night, the pulse was smaller, and the countenance looked pale; a blister was applied to nape of the neck which was ordered to be dressed with ung. sabine, in order to keep up the discharge.

Friday, still unable to answer any questions; the pulse continues quick, and the respiration rather hurried; ordered to be again cupped.

Saturday, he appears to day more conscious of what is said to him. His bowels have been moved again since yesterday.—His skin feels a little cooler, and

pulse not much altered since yesterday.

Sunday.—From his pulse continuing just as before, being still very restless and the other symptoms not much improved, he was bled to eighteen ounces more.

Monday.—He appears rather better, he now answered what questions were put to him, although with some difficulty.—The inflammation had extended from the thumb considerably up the fore arm, and there were great swelling and tension of the parts. On Wednesday his pulse becoming again quick, and hard he was bled to fourteen ounces. On the following day the abscess which had formed on the wrist was opened, and his pulse admitting of it, he was again bled to eight ounces. He now became less restless than before, and he was ordered saline purgative medicines. The pulse on the next day was still quick, and he complained of a pain in the head, it appeared necessary to repeat the bleeding to the same amount. He from this time gradually improved, and was discharged cured in the middle of the month, one hundred and thirty ounces of blood were taken from this patient in eleven days. In this case the symptoms were such, as to leave little doubt as to the nature of the injury. He was found in the cellar perfectly insensible, and it was not until he was brought to the hospital that re-action had commenced. If he had not been bled largely at first, the accident would not have terminated so favourably. I felt rather more confidence in causing the bleeding to the extent I did by learning from his mother that

he had been before subject to a complaint in his head. (Mr. T. made some good observations on the treatment of lacerated wounds and gave two or three cases as examples, which we have not space to give in detail.) There was also an extensive laceration of the scalp in Luke's a few months since, which was followed by very severe erysipelatous inflammation, but the patient did remarkably well. This case has been before published and therefore I shall not trouble you with a repetition of its history.—*Vide LANCET, Vol. II. page 20.*

It has been suggested to me, that not having a sufficient number of cases in the house at present, possessing interest enough to occupy the space of time I should wish in reading them to you, that I should show the instruments used in performing the different operations on the eye, and also describe the mode of performing some of those operations. I will therefore, at some future time, take the opportunity of operating on the eyes of sheep, or some other animal, in order that you may have a more correct idea of them. And if any gentlemen would mention to me any part of surgery, on which they may wish to obtain information, and I allude more particularly to the minor points, which I might not consider of much importance, and therefore pass over, but which to them might appear otherwise; and if on such points they should wish to hear my opinions, I will with pleasure accede to their request.

I shall begin this subject, by describing to you the readiest

*mode of getting rid of foreign bodies* from the eye, and the operation sometimes necessary for their removal.—I dare say most of you are well acquainted with the pain a small body will produce when it gets beneath the upper lid, between it and the surface of the cornea. If you have gone to an ignorant person to have this removed, you know the increase of pain that his unsuccessful attempts have produced; and you have afterwards, perhaps, been obliged to go to a man, who, being better informed, has removed it with very little inconvenience. You will have no difficulty in doing this, if you evert the upper lid, which is easily done by placing a probe just above the tarsus, then take hold of the cilia with the finger and thumb, raise them a little, and then depress the upper edge of the tarsus; this gives you an opportunity of examining the whole surface of the conjunctiva lining the lid, and readily taking away the offending matter, and is a much better plan than poking a probe, armed with lint, under the eyelid. This mode of everting the upper lid produces little or no pain; it causes only a little unpleasant feel, which the patient however will seldom complain of.

Foreign bodies frequently get into the eyes of persons who are employed much in grinding, or in turning steel and brass; and you will often find that minute portions of these metals stick fast in the cornea, and cannot be wiped off.—And here I can tell you a point which you will find very useful to attend

to, in attempting to remove these. There is great difficulty in following the motions of the eye with the instrument you are about to use, for just as you bring it to the point where the body is situated, the eye immediately rolls away from it. You should have, therefore, the upper lid kept firmly against the upper edge of the orbit, by the finger of an assistant, then place the finger of your left hand on the under lid of the inner canthus, and let it make gentle pressure against the globe, then bring your instrument towards the cornea, from the outer side, and you will succeed in removing it. You may be sure the patient will not turn the eye towards the needle, and your finger prevents it being turned towards the nose, and in this way it will be sufficiently fixed. You should take care, in holding the instrument, not to keep it at right angles with the eye, as by any sudden motion of it you would be in danger of pushing the instrument into the eye. The instrument used should be a sharp one, for you cannot succeed with one that is blunt, as you have frequently to introduce it between the lamina of the cornea, in order to lift the body out, when it is firmly imbedded there. The point of a lancet, or of the needle generally used for depression, will do very well for the purpose. But I generally use the needle.

There is another trifling operation belonging to the lids, and that is

*Extraction of the Cilia.*

This becomes necessary when



they are partially inverted, and four or five of them may require to be removed. It is easily done by a pair of forceps of this description; (showing one to his pupils) it is a little smaller than the ordinary dissecting forceps, but it is flat at its extremity instead of being pointed.

The next operations which I shall speak of, as connected with the appendages of the eye, will be those which are required to be performed on the lachrymal passages. And first of

*Obstruction of the nasal Duct.*

All the varieties of which, are generally, but very improperly included under the term *Fistula Lachrymalis*. I will give you first my opinion as to the origin of this disease. It arises either from an extension of the inflammation of the conjunctiva, through the puncta to the lachrymal sac, from the mere continuity of the membrane; or from the matter which is poured out from the meibomian glands, under a state of inflammation, being taken up by the puncta, and in this way extending the disease to the lachrymal passage. This inflammation continuing for a certain time becomes chronic, and the result of chronic inflammation is to produce thickening of the membrane, which, from its being surrounded by a bony canal, cannot enlarge externally, and consequently the calibre of the duct must be lessened; as it gets thicker, the size of the canal is more diminished, and at length totally obstructed. After this obstruction has taken place so completely that you cannot press any thing through the duct, you

may even then sometimes succeed in curing the disease by adopting the treatment used for chronic inflammation; another circumstance in support of the opinion I have given, is, that in operating for the obstruction to the passage of the tears, you find that you have not a *single point* of obstruction to overcome, like a structure in the urethra; but that the difficulty in passing the style is continued throughout the whole length of the duct.

There have been more plans recommended for the cure of this disease, than almost any other in the body, and first it was recommended to use small probes, made either of gold or silver, called *puncta probes*: these were small enough to be passed through the puncta into the lachrymal sac. Now it appears to me, that the adoption of this plan of treatment, would be like attempting to cure the stricture in the urethra, with the common probe. It is true, you might pass the punctum probe through the stricture in the duct, and a small quantity of the tears might pass through. But unless this was repeated daily, you could never overcome the difficulty.—In addition to this, in the passage of the punctum probe, how can any man tell whether he is passing the probe through the membrane itself, or through the natural channel? The probe may certainly find its way into the nose, but how it gets there is not so easy to determine.

Again, it has been recommended to overcome the obstruction, by the *passage of a bougie into the duct from the*

nose; but this cannot be done; for the reasons which I will presently show you. The lower orifice of the canal is rather of an oval shape, it is like a mere slit, and not a round opening; and if you try even in a dead subject, you cannot introduce a common probe without much difficulty, it will not therefore allow easily of the introduction of an instrument, much larger than the punctum probe, and this is subject to the objections I have just pointed out. What I do, is as follows:—when a patient applies to me with an obstruction of the duct, and that obstruction not perfect, I never give the case up until the communication between the sac and the nose is established. Leeches are usually ordered to be applied just over the sac, to empty the vessels carrying the blood to the thickened membrane; then astringent washes, in order that the vessels may continue contracted after they have been emptied by the leeches. You may know if leeches are necessary or not, by examining the state of the vessels in the conjunctiva, and these you can most readily see by everting the upper lid. If the vessels look pale and not very numerous, or turgid, then you need not apply them, but if on the other hand, they should look florid, appear more numerous than ordinary, and appear distended, then you will do right in applying them. If the person complains of pain on pressure of the sac, I also adopt this plan. You may continue to apply the leeches occasionally, for three or four weeks, at the same time giving

some alterative medicine, and regulating the bowels; and if at the end of this time you find the obstruction was not removed I would recommend the operation.

There has also been a great difference of opinion, respecting the mode of doing this. Some recommending the style to be used, others the tube. I will tell you the different instruments which have been recommended, and then describe the operation which I usually adopt.

Mr. WATHEN, a celebrated Oculist some years ago, used the tube, this was a plain metallic cylinder of sufficient diameter to convey the tears freely into the nose. He laid open the sac in the usual way, and then introduced the tube through a portion of the os ungui, into the middle chamber of the nose. I removed one of these which had remained in, sixteen years, but it had by that time sunk into the nose, and by pressing against the Schneidrean membrane, had produced so much irritation, that its removal became necessary. Sometimes they pass upwards, and cause an ulceration of the sac. M. DUPUYTREN, at the Hotel Dieu, at Paris, adopts a similar operation, he uses a small cupped tube, something like this (showing one to the pupils), and this cup is to prevent its sinking into the nose. This operation is I believe, on the whole very successful; although DUPUYTREN, with the characteristic ardour of the French, who are in general too sanguine as to the result of their operations, says, that it has not failed in a single instance. But

## THE LANCET.

they have been removed in this country, and for the reasons which I have before given, viz. from their rising and producing ulceration of the sac. To prevent this, Mr. WARDROP had a little addition made to the upper part of the tube, which caused a little projection from its external surface, so that after it had perforated the os unguis by turning it a little, it was prevented from rising. I will now explain the operation as I usually perform it. Previous to puncturing the sac, you should observe distinctly the situation of the tendon of the orbicularis palpebrarum, and this tendon will form the upper boundary of the space into which you introduce the knife, and the upper edge of the orbit will form the lower boundary, you should now introduce the knife into the sac, which you should have allowed to be distended just before, and direct at the same time a little inwards and backwards, till you reach the surface of the os unguis; then carry the point of the knife a little upwards, and then a little downwards, for the purpose of enlarging the opening. Then introduce a probe to the bone and carry its point a little outwards, so that you may distinctly feel the ridge of the unguis, which is the best mark of your being in the commencement of the duct: then elevate the probe, and you find by gentle pressure that you can force it down in the proper direction; the probe now forms a sort of director on which to introduce the tube, and to do this, sometimes requires a considerable degree of force. You may ge-

nerally know when you have got the tube into the nose, by a little blood or matter flowing from the nostril. The tube is allowed to remain here, and you bring the integuments over it. If on the other hand you intend only to introduce the style, you can force it down without much difficulty through the nasal duct, into the inferior meatus of the nose. I generally tie a bit of silk round the head of the style, before introducing it, as by it you can easily pull it out, if it should sink between the lips of the wound, which it is at first sometimes apt to do. In doing this it should be recollected, to give the style a slight inclination backwards as well as downwards (Mr. T. now showed the mode of doing this, and went through the different steps of the operation). I have operated on the whole as many as twenty-seven times with the tube, and only three of them have been unsuccessful; and one of these could not be said to be a fair case. There is one circumstance which I forgot to mention, when speaking of the punctum probe, as to the manner of introducing it, and that is, that instead of the punctum passing directly inwards, its course is at first a little outwards, and therefore it is necessary to attend to this in attempting to introduce the probe. I will, in my next lecture, show you the different modes of operating for the several species of cataract, and the various instruments that have been recommended for this purpose.

*Continuation of the case of J. H.  
in Abraham's ward.*

July 16th.—The patient feels easy, and the swelling on the hip and side has very much receded; his tongue is moist, and his pulse eighty, but not hard. The gangrenous spot on the foot, which we before mentioned, is separated, and the surrounding part is not much inflamed. He applies solution of nitric acid to the part, and over it a poultice; he continues the beefsteaks, porter, and wine. The calomel omitted, but continues the grain of opium at night.

July 17.—The inflammation on the side continues to decrease, as does that also on the leg, he uses the spirit wash over all the parts but the foot, to which the acid wash and poultice are still kept. The slough separates daily, the patient being very thirsty had two pints of milk ordered.

July 19.—There is now a daily improvement in his appearance, his appetite is good, and he sleeps well. The inflammation is quite gone from the side, and almost gone from the thigh and leg. The slough on the foot has separated, and there is a healthy granulating surface beneath. He continues the same applications.

July 20.—The only alteration made in his diet was, that mutton-chops were ordered for him instead of the beef; of which he was getting tired. He is taking the allowance of porter, and continues the same poultice and lotion to his foot; there is nothing now to prevent his doing well.

*A Case of Contusion and Fracture of the Leg, with Sloughing.*

B. T. aged 25, was admitted into King's Ward on the 30th of

June. He was a Brewer's servant. While loading a dray one of the butts of porter rolled back against him, struck his leg, and knocked him down, but did not go over the leg. When brought in, there was considerable swelling about the limb, and great contusion of the soft parts; the blow was found to have fractured the tibia about its middle. The leg was placed on a pillow, and a lotion of spirit was applied for 2 or 3 days. On July 2d he complained of a numbness in the leg and some aching pain in the knee.

July 4.—Vesicles began to appear, containing fluids of various colours; and the cuticle afterwards burst and shrivelled up, pulse ninety six. Tongue furred, but appetite remained good, and he was allowed porter. Gangrene soon after took place and extended to the muscles beneath. This spread up the leg to near the knee, and the gastrocnemius externus at its lower part was at length completely detached, and hung only by its connections above. The whole leg presented indeed, from the ankle to the knee, a mass of gangrenous matter. A separation fortunately appeared between the dead and living parts. Granulations arose which appeared healthy, and as the pulse was good, the general health in a proper state, the amputation was performed by Mr. GREEN to day, July 19th, above the knee, with the circular incision, and two ligatures were applied: the man has been since doing well.

There has been no other operation performed here this week.

The principal accidents admitted are; the laceration of the

scalp; stomer; a case of hamorrhage, from the bursting of the varicose veins; a fracture of the leg; and a contusion of the wrist, and a sprain of the ankle joint.

### MIDDLESEX HOSPITAL.

*Continuation of the case of James Marsh—vol. III. p. 418.*

June 16th. To-day he is somewhat sensible and quite quiet—his pulse is 84, rather full—tongue loaded, and skin hotter than the ordinary temperature of health—bowels open—has still a considerable pain in the head.—Same medicines.

June 17th and 18th. No particular alteration.

June 19th. Pulse 90, full and rebounding—tongue cleaner, but still somewhat furred—skin more natural bowels open—respiration oppressed and difficult—sensorium not affected.

June 20th. Pulse 120, wiry; tongue tolerably clean; skin hot and dry; appears to be more composed and comfortable; bowels open. In the evening he had a severe rigor, with a flushed countenance; skin very hot; a draught of *Mist. Camphoræ* and *Tr. Opii* was given him.

June 21st. Pulse 110, full and jerking; tongue furred; has occasional rigors; bowels open; countenance pallid and idiotic; he is, however, somewhat sensible. An abscess has formed on the back part of the left hand, over the metacarpal bones, which has been poulticed.

June 24th. Pulse 104, weak and wiry; has had a return of the rigors during the night; his tongue to-day is rather furred;

skin nearly natural; bowels open. The abscess on the back of the hand has burst, and a considerable quantity of viscid matter has been discharged.—He is instinctively sensible, but can hardly be said to be rational.

June 26th. Pulse 126, rather fuller; has had no return of the rigors; abscess on the back of the hand still discharges copiously; skin very hot and dry; tongue loaded; bowels open.—No alteration in other respects.

July 1st. For several days from this period he was tolerably quiet, and some faint hopes began to be entertained that a recovery might follow, although no favourable prognosis could be drawn from the state of the pulse, which generally ranged between 120 and 130 beats in the minute; it was also wiry and indicative of great constitutional irritation, which at some periods appeared to prevail to an excessive degree. His countenance now became more pallid—vacant and idiotic in the extreme, and although he had, before the accident, a slight obliquity of vision, it was at this period remarked by his friends to be much more strabismic than formerly. His manner was incoherent and childish. In addition to these unfavourable symptoms, an extensive abscess, now formed in the inside of the fractured thigh, causing a great derangement of the soft parts; it was subsequently punctured by the lancet, and a great quantity of highly offensive and sanious matter discharged. From this period he appeared gradually to sink, and it became

necessary to support the strength by wine, and other cordials.—On the morning of the 7th, there was a considerable alteration for the worse; the former irritable symptoms again took the lead; the patient became delirious—convulsions soon followed—succeeded by coma, and death about ten o'clock P. M.

#### *Dissection.*

Upon laying open the cranium there appeared a red spot, of the size of half a crown, on the right hemisphere of the cerebrum, near the vertex, under which the brain was rather softer than natural, and between it and the dura mater there was an organised film of coagulated lymph of the same size. The communicated portions of the patella were in excellent apposition, and between each portion there was a stratum of coagulated lymph. There was no effusion within the joint. The femur had been fractured transversely, and the circumjacent soft parts were considerably devasted. A small artery, also apparently the ramus descendens externus longus, had given way. The state of the principal artery could not be ascertained, from the unscientific manner in which the parts had been dissected.

#### *Continuation of the Case of MARTHA HOLLIWELL — vol. II.*

June 28. This case has assumed an aspect which demands an additional report. After encountering all the dangers of the first month, we see this patient doomed to suffer more severe and alarming difficulties. Contingencies and difficulties like these are what a surgeon

ought to contemplate, on the question of amputation being agitated in a case of gun-shot wound. The bones are not united; the superior portion of the fractured femur projects through the integuments; abscesses occupy the whole thigh, and the woman is exhausted by hectic. A large abscess extends upwards to the hip, and if amputation were performed at this period, it would be under very unpleasant and dangerous circumstances. The limb cannot bear the tourniquet, and the first cut of the knife lays open the abscesses, and exposes bones either in a state of exfoliation or necrosis. We therefore wait with some anxiety, endeavouring, in the mean time to support the patient's strength, and to ameliorate the condition of the limb, by making openings for the discharge of the matter. If she continues to sink, it may be proper to give her the chance of recovery by an immediate amputation of the limb; if she continues to rally, we may still hope that the dead portions may exfoliate, and union be ultimately effected.

NOTE.—This account is principally taken from a case book, kept for the pupils under the immediate inspection of Mr. CHARLES BELL.—*Idque audire est.*—Since the above was written, a portion of bone, about two inches long, has exfoliated. The limb has also been enveloped in a roller, and Desault's splint put on. Her general health at present seems to be in a trifling degree improved, although she is still in so precarious a state as to render the

chances of recovery but slight in the extreme; and in addition to these formidable symptoms, another abscess has now made its appearance in the inside of the thigh. Our readers may probably recollect that on the first admission of the case into the hospital, immediate amputation was proposed, and to which the patient refused her consent. The result of this unfortunate resolution, after more than seven months of severe suffering, is as we have stated above. We shall give the sequel of the case at some future period.

#### WESTMINSTER HOSPITAL.

Thursday, July 15th.—Mr. WHITE operated for strangulated inguinal Hernia, at 10 o'clock in the evening. The disease had been of so long standing as 20 years, but had always been returned by the patient, an old woman of 70, till the present period, when on finding all attempts fruitless for that purpose, she was brought to the Hospital.

The hernia was of a small size, about that of a duck's egg, and was found to consist principally of omentum, a very small portion of intestine being protruded into the sac. Mr. WHITE returned the intestine, but found the omentum in such an advanced state of gangrene, that no hopes could be entertained of its recovery; therefore to prevent its sloughing into the cavity of the abdomen, a portion as large as a small hen's egg was tied, and left hanging out of the wound.

16.—The patient complains of a good deal of pain in the abdomen; pulse 80, but not very full or hard; no stool has passed since the operation; tongue rather furred.

*R Magnes Sulphatis 3iv,  
Aq. mentha Viridis 3vi. m.  
Capit agra cochl. ij. secunda  
quaque hora donec alvus re-  
sponderit.*

17.—The patient much better, pulse 70; the bowels have been opened by the medicine given yesterday, and the pain in the abdominal region decreased.

21.—From last Saturday the patient has gone on very well; the bowels continue open, the tongue quite clean, and a daily amendment seems to justify a prognostic as to her final recovery. The portion of omentum which was tied, has not however been entirely removed.

No accidents of importance have been admitted to this Hospital, since our last report, except a man wounded in the fore arm by a spike running into it near the wrist; and a man much bruised in the inguinal region, by a kick from a horse.

#### ST. GEORGE'S HOSPITAL.

Friday, July 16.—Mr. BRODIE amputated the fore arm of a lad aged about 14 years; the operation was conducted in the usual manner, except that a retracting bandage was not used, it not being found necessary; four arteries were tied. The operation was borne heroically, scarcely a groan, and not a word expressive of the pain he felt at

of impatience, escaped the sufferer, and to do Mr. BRODIE justice, we have seldom seen him operate in a more skilful manner.

On examination of the limb, the cartilages of the radius were found nearly destroyed, and the extremity of that bone, as well as the ulna and contiguous tarsal ones, were found in a carious state from the influence of scrophula.

### Foreign Department.

*Rhinoplastic Operation, performed with success at the Hospital St. Eloi de Montpellier, by Professor Delpech.*

We intend shortly to publish a complete treatise on this species of operation, on the use which may be made of it in various mutilations, and on the attention which its successful execution demands, according to the nature of the cases in which it may be employed. In the mean time we deem it useful to communicate the following case, as it furnishes an example of the application of the principles which may be generally adopted in the restoration of the soft portion of the nose.

Charles Sychal, native of Toulon, a sailor attached to that port, aged 20 years, was admitted at the hospital St. Eloi, in June, 1818. The alae of his nose were affected with ulcerations, which had a syphilitic appearance, as to the origin of which there was at first some doubt. Whether the patient feared that he should not be kept in

the hospital, or from whatever other cause, he constantly denied that he had had any intercourse with women before the appearance of these ulcerations. He stated that his father had a gonorrhoeal running for seven years, for which he employed no remedy; and it was evidently his wish to persuade us that his disease was congenital. He had had in his youth eruptions about the thighs, and glandular enlargements, which had disappeared spontaneously. According to his own account, at the age of sixteen years, he had experienced pains in the inside of the nose, which were followed, a long time after, by the appearance of the first ulceration. The disease was of very old date, but it had made little progress when he was admitted, in the month of March, in the same year, at the hospital of Toulon, where its character was ascertained, and he was treated by a mercurial course in the form of pills; he took 120 during the two months he remained at this hospital; but he went out without deriving any benefit from this treatment.

We kept the patient at St. Eloi long enough to procure a certain effect from the internal exhibition of the sublimate, and to remove all our doubts as to the character of the disease. He was then transferred to another hospital, in order to undergo an anti-syphilitic treatment. He remained a year in this hospital, where he was chiefly treated by topical applications; and he was not cured when he again presented himself to us. He had then lost all



the soft portion of the nose, and a great part of the corresponding cartilage; he entreated us very earnestly to perform the operation for the restoration of the nose, which he knew we had performed with success. But as the syphilitic diathesis was by no means removed, we were unwilling to undertake so delicate an operation while he was in this state. We gave him directions for the use of a mixture of mercurial ointment, and soap, and of pills of sublimate, with starch, in the proportion of a tenth of a grain in each pill, and we procured him some facilities for following our advice. He went away satisfied, in the hope of being operated upon at a later period.

Up to the month of May, 1823, the patient made use of the remedies prescribed for him, but with much negligence, and frequent interruptions, chiefly occasioned by his distress. He had used the mercurial frictions more steadily than any other remedy. The following was his state on his return, on the 4th of May:—

The whole of the soft portion of the nose was destroyed, with the exception of a narrow ridge round the nostrils, which was formed by a remnant of cartilage; a cicatrix confined this ridge, and pressed it towards the centre of the two openings. The whole circumference was livid, and still covered with ulcerations. Two of considerable extent, but in a course of cicatrization had existed on each side of the upper lip, for the last seven months; they were reduced to half their original size.

We resumed the former treatment, which would no doubt have been completely successful, had it been properly followed up. In the course of a month the ulcerations, and the copper colour of the cicatrices disappeared. We did not conceive this treatment to be sufficient to effect a complete cure, but we thought that in the present state of things we could suspend the cure without inconvenience, proceed to the performance of the rhinoplastic operation, and resume the mercurial treatment afterwards, to complete his cure. The patient was accordingly operated upon on the 4th of June 1823, in the following manner:—

Having placed him upon a strong chair, exposed to the light, we traced with ink the incisions which were to be made to receive the edges of the flap which was to repair the breach of the nose. We then cut out a paper model in the form of the portion of skin to be engrafted, and laying this model down on the forehead, and transposing it from one side to the other, we marked it out with ink; the forehead not being very open, we were obliged to encroach a little upon the part of the skin covered with hair, which was to form the lower part of the nose.

Every thing being thus arranged we made the incisions as they were marked out round the breach; but our line having been placed on all sides in the convexity formed by the interior inclination of the remnant of cartilage, in order to prevent any deformity, we avoided cutting perpendicularly the whole

of this excess, and removing it entirely; we contented ourselves with paring the cicatrices, so as to augment the surface to which the flap was to be adapted.

The flap was then dissected, care being taken to make it as thick as possible, without however laying bare the coronal. This portion of skin had the form of an ace of spades reversed; the small portion destined to represent the cartilage answered to the tail of the spade, and its point was represented by the pedicle of the flap which was prolonged between the eye-brows and the internal angle of the eyes. This prolongation was extended to the point where the turning down and twisting of the flap could be made without difficulty.

Three curved needles, with a single thread in each, were passed across the extremity of the little prolongation destined to make the lower edge of the cartilage, and around the loss of substance which had been made opposite the central point of the edge of the upper lip; and these three points of suture having been secured, this central portion of the bottom of the flap was adapted, and fixed the rest. Four similar points of suture were made on each side of the flap, and successively secured; they united the whole circumference, with the exception of the upper point formed by the pedicle. Every where the proportion of the thickness of the parts was exact, and their adaptation perfect without employing any other means.

During this part of the operation, the wound of the forehead

was kept covered to prevent the blood flowing on the parts on which we were operating; it was afterwards dressed with simple dressing, some compresses, and a bandage.

The operation was concluded. We had taken great care not to make any useless waste of the forehead in a transverse direction, while we took, however, what was necessary to extend from one ala of the nose to the other. The distance was great, and when the flap was adapted, the transverse retraction which it experienced, and to which nothing was opposed, reduced its extent in that direction, to the interval which separated these two points in a straight line without any elevation; it seemed that this portion of skin was much too narrow, and only fit to form a sort of valve before the opening of the nose. The assistants thought that the operation would be unavailing, from this cause, and pressed us strongly to put some lint under the flap, in order to push it forward, and even to stretch it. We did not participate in their fears, and we yielded only from complaisance; we put behind the central point of the flap a few bits of lint, which we removed the next day without replacing them, lest by doing violence to the flap we should produce mortification. We had learnt to place confidence in the efforts of nature, and our confidence was not disappointed.

The operation was long and painful, owing to the minute attention which it demanded. Immediately after it, we gave

the patient two grains of opium, which were repeated at night. He suffered pain for the first four hours after the operation.

Second day, June 5. He had slept but little; he complained of his head, but not of his forehead. The flap was warm and a little swelled; the edges of the sutures were red and swollen; the pulse was quick and strong. Bleeding at the arm, 12 ounces; low diet.

Third day. He had slept a little in the night; pulse frequent; tongue dry at the point and in the median line; he had gripings, which went off without any evacuation; the belly soft, free from pain or swelling; urine flows freely; pulse quick and hard; the flap is swollen, pale, but warmer than the rest of the body; the circumference of the nose is red, swollen, and stretched. Bleeding in the arm, ten ounces; repeated at noon, and in the evening; low diet.

Fourth day. He has slept at night; the swelling of the face is less; pulse less frequent, and weaker. Two basins of rice-cream, *eau de veau*, and lemonade for drink.

Fifth day. Every thing is nearly in a natural state; the swollen flap projects forward, although nothing supports it; the redness of the circumference of the sutures has disappeared; the deep surface of the flap is suppurating, the pus which it yields appears at its pedicle, and at the nostrils; the wound of the forehead is also suppurating. Four basins of rice-cream; same drink.

Sixth day. We took away all the sutures, the reunion was

every where perfect; the form of the nose is determined by the effect of the swelling; which the united edges of the flap cannot partake. Two basins of soup.

Seventh day. The reunion is no where disturbed; the wound of the forehead goes on suppurating, as well as that of the flap.

Ninth day. All is well. We cut off the pedicle of the flap; the excess is preserved on the side of the forehead; it is raised and lodged in the lower part of the wound between the eyebrows. The side opposite the section is adapted to the side of the nose, where we make a fresh section; we support the parts by three sutures. The patient resumes the mercurial pills before mentioned.

Tenth and eleventh day.—The state of the flap is satisfactory.

Twelfth day. We cut off the last sutures; the reunion is complete.

Fourteenth day. A slight erysipelas appears on the left temple. The pills left off, and a common purgative given; low diet; in the evening the eruption spreads towards the ear.

Nineteenth day. Erysipelas entirely gone; the natural form and proportion of the nose is more and more decided; the circumference of the nostrils is rounding; we favour this disposition by putting in two little hollow cones of ivory, fixed to a string, tied round the head. We allow solid food; the patient resumes the mercurial pills.

Up to the 2d of July, the twenty-eighth day, the patient

gress of the nose was remarkably rapid, especially when it is considered that the parts were left entirely to themselves. We applied a little nitrate of silver to the inside.

Up to the 15th of July, the pills were given to the amount of six, morning and evening, and we added to each dose one containing a tenth of a grain of sublimate. The redness of the cicatrices of the circumference of the nose is disappearing; the cicatrices of the upper lip are becoming firm and white.

On the 1st of August, the traces of the ingrafted nose were entirely lineal; and the resemblance or imitation of the original nose was the astonishment of every one who beheld it.—The wound of the forehead is nearly cicatrised, and the deformity arising from it is very slight.

The portion of skin taken from the forehead, which was soft, undulating, like a valve without action or consistence, has acquired the density of a nose furnished with cartilage; and it is the adhesion of the cellular surface which supplicated, to which this astonishing change is alone attributable.

We will explain at a future opportunity our ideas on this singular property, which always manifests itself in parts which have been subjected to suppuration, and which is as curious as it is important, in directing our proceedings in a variety of interesting circumstances.

Upon quitting us, this young man went to Toulon, where he still resides, and where he has been an object of general curiosity and astonishment, so hap-

pily has nature been imitated in his artificial nose.

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*To the Editor of The Lancet.*

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Dublin, July 3, 1824.

SIR,—I am induced to communicate, through the medium of your publication, an interesting and remarkably successful operation, lately performed by Mr. Crampton, the surgeon general; as it shews the ease and safety with which a portion of the inferior maxillary bone may be removed, and insures relief to a class of patients usually abandoned to a hopeless fate—those affected with osteo sarcoma of the lower jaw; a disease which, originating in the internal structure of the bone, leaves no hope of remedy but by the total removal of the portion of bone in which it is situated.

Eliza Howard, the subject of this operation, was a delicate woman of about twenty-one years of age, and had been afflicted with the disease for upwards of five years. The entire of the diseased portion of bone, forming a prominent tumour, three inches in depth, and extending from the second small molar tooth of the right side to the second large molar of the left, was, in a few moments, removed by means of the chain-saw, introduced by a curved needle behind the bone. The flap having been replaced, and secured by a few points of interrupted suture, the whole united by the first intention, the patient was able in a fortnight to walk a considerable distance, from the County Infirmary to St. James's Hospital, where she

was inspected by the Medical officers of that establishment; the effect of the operation being externally perceptible only by a slight depression on the left side. The extremities of the divided bone have, since, considerably approximated, the space between them being occupied by a kind of ligamentous union of tough consistency. Should any inconvenience remain, it can be easily obviated by a simple artificial contrivance. It is to be hoped that a full and accurate detail of so interesting an operation will be speedily published; but even this slight notice may lead to its immediate adoption in many cases, which are perhaps at this moment consigned to an hopeless fate.

A similar operation was performed on Friday last, with the most complete success, by Mr. CURSACK, Surgeon to Stevens's Hospital, who removed a still more extensive portion of the inferior maxillary bone, with a tumour several inches in circumference.

#### MARRIED.

At Croydon, on the 14th instant, Frederick John Bassett, Esq., surgeon, Coleman-street, to Isabella, eldest daughter of the late James Dickson, Esq., and niece to the late Mungo Parke, Esq.

#### DIED.

On Tuesday last, Thomas Clarke, Esq., surgeon, Lincoln's-inn-fields, in the 40th year of his age.

#### ARMY MEDICAL PROMOTIONS.

2d Regiment of Life Guards, Assistant-Surgeon Gilder to be assistant-surgeon, v. Cutler.

58th Foot, Hospital-Assistant Brown, to be assistant-surgeon, vice Whitney.

Royal African Colonial Corps, Hospital-Assistant Geddes, M.D. to be assistant-surgeon, vice Pictou, deceased.

#### HOSPITAL STAFF.

Peter Campbell, M.D. to be hospital-assistant to the forces, v. Geddes.

#### NAVAL PROMOTIONS.

**SURGEONS.**—Thaddeus Porter (assistant) to the *Adventurer*; John Kay and John Sinclair (assistant) to the *Etna*; Wm. Brown (assistant) to the *Albion*; William Davis and James Stinnie (assistant) to the *Blonde*; George Inlay (acting), Brazen; James Scott, Wm. Hunter, Robert Dick, David Berin, and R. Nutt, Britannia; William Clarke (9), Britomart; George M. Millan (assistant), Bustard; James Low (acting), Callington; Alexander Baxter (assistant), *Thames*; Alexander M'Kechnie, Cherokee; John Fenton, *Wife*; Charles Inches and Alexander Graham (assistant), Cyrene; William Porteus and David Gray (assistant), *Barbadoes*; R. Guthrie, *Wedge*; Oughton (assistant), to the *Diamond*; John Scott and Arthur Kirk (assistant), Doris; John Walker (assistant), Falmouth; John Brown (assistant), *Frolic*; A. Hughes, Gannet; William Roy and Andrew Beath (assistant), Gloucester; Samuel Mackay (assistant), *Hamaze*; William Lindsay (assistant), Harlequin; Alex. Annandale, Herald; William Crichton and Andrew Russell (assistant), *Infernal*; and John Thompson, *Investigator*.

#### NOTICE.

The next Number of THE LANCET will be published at a very early hour on Saturday next, at No. 310, STRAND, corner of Abchurch-lane, where all the back Numbers (which are reprinting), and complete sets may be had.

# THE LANCET.

VOL. IV.—No. 4.] LONDON, SATURDAY, JULY 31, 1894. [Price 6d.

## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital,*  
THURSDAY EVENING,  
MAY 20, 1894.

### LECTURE 68.

#### *Scrofula.*

I shall now proceed to speak of diseases of the hip-joint, psoas and lumbar abscess, and vertebral diseases.

#### *Diseases of the Hip-Joint.*

Diseases of the hip-joint are more liable to be mistaken than scrofulous diseases of any other part of the body; much error prevails with respect to them.—The first circumstance which indicates disease of the hip-joint, is some degree of lameness and pain in the knee. The motions of the joint are impeded; extension is performed with difficulty; the child's knee is bent, and the heel on the diseased side scarcely rests upon the ground. Besides this incapacity for extension, great difficulty is experienced in the flexion of the joint.

Thus, if you attempt to bend the knee towards the abdomen, the child shrinks from the touch and complains of pain. If you throw something on the floor, and desire the child to pick it up, you will observe that in attempting to get possession of it, the child bends only the sound knee. If you say, "let me see you put your foot on the chair;" the child does this readily enough with the sound leg, but is incapable of doing it with the other, in consequence of the confined state of the flexion of the joint. The rotation of the joint is also impeded; more especially the rotation inwards, which cannot be attempted without great pain and uneasiness. There is apparently a difference in the length of the limb; the unsound limb at first appears longer than the other.—It is possible that an effusion into the head of the joint may push down the limb a little, but I doubt whether this has any influence in producing an elongated appearance of the limb. The length of the limb is not really

increased, but an appearance of elongation is produced by the parietes being depressed on the diseased side; if you draw a line from the spinous process of the ilium from one side to the other, you will find the difference of an inch. After a short time, indeed, a considerable reduction takes place in the length of the limb, the reason for which you will immediately see.

When you endeavour to ascertain whether disease of the hip-joint exists or not, you should first place the patient on his back, and examine whether the sides of the pelvis are equal; the pelvis will be lower on the diseased side. Having placed the patient in the recumbent posture, you will then bend the knee towards the abdomen, which, if there be disease of the hip-joint, will occasion considerable pain. In rotating the joint also, much pain will be excited in consequence of its stiffened state. You will then turn the patient on his face, and observe whether the nates are lower on one side than on the other: there is generally a difference of an inch or more on the diseased side. These are the common characters of this disease. On

dissection you find the following circumstances: in the first place a quantity of adeps is poured out about the joint; the ligaments are much thickened; the synovial surface is inflamed, and often slightly ulcerated; the cartilages of the joint are ulcerated; and, lastly, the bone itself is sometimes absorbed, not only the head of the bone which enters the acetabulum, but the acetabulum itself. You will find examples of all these appearances in the preparations on the table; there is one in which the head of the bone has been absorbed from ulceration, and another in which the cavity of the acetabulum has undergone a remarkable alteration, the upper part of it having been absorbed.—Abscesses are frequently formed in diseases of the hip-joint, which take different directions; in general their course is down the thigh, between the trochanters, and the outer surface of the thigh, where they break. Sometimes they occur in the upper part of the thigh; there is an example in the Collection, in which an abscess occurred in the direction of the femoral artery, and, by its pressure, occasioned the absorption of a

considerable portion of the vessel itself. Sometimes the abscess breaks into the rectum; there is an example of this in a preparation on the table, where you will perceive the rectum very considerably enlarged, at the place into which the abscess has broken. Abscesses sometimes take their course into the vagina, from whence the matter is discharged; an instance of this kind occurred recently in a child of eleven years of age: it will be right, therefore, to mention to the friends of the patient that there is great variety as to the course which abscesses take in this disease.

The cause of this disease is in general too much exertion; too long a walk, for instance, for the strength of the patient, which produces inflammation of the synovial surface.

*Treatment of diseases of the Hip-joint.*

With respect to the treatment of this disease, you will observe, during the inflammatory stages, the same plan which I have recommended to you in the treatment of scrofulous complaints.

It may be observed, generally, that if you do not cure a case of

diseased hip-joint in a few weeks, from six to ten weeks for instance, you will not succeed at all. In the first place the recumbent posture, and as much rest as possible, should be strictly enjoined. If there is much pain, leeches should be applied; evaporating lotions should also be employed in the first few days. If you do not find the inflammation yield in a few days, it will be right to put a large blister over the part, and to keep it open with the unguentum sabinae for a considerable length of time. The surface kept open with the savine ointment, should not exceed the size of a crown piece, as you might otherwise produce too much irritation, and do more harm than good. Issues and setons are more applied here than in other diseases of the joints. It is better to regulate the degree of irritation in this way, than to endeavour to produce effects by violent means, which, by exciting fever, might only be adding fuel to the flame. With respect to the treatment of abscesses, it is right in all diseases of joints, and especially in diseases of the hip-joint to postpone the opening of them as long



as you can; unless the abscess is exceedingly large, it is best not to open it at all. The reason for this is, that if you open the abscess early, you expose the cavity of the joint to irritation, whereas, if you delay the opening of it, you suffer the abscess to make its passage to a considerable distance from the joint, so that the opening of it will not be liable to excite much irritation in the cavity of the joint.—The irritation will be very slight if you delay the opening, but if you make it early, the effect will be just the same as if you were to make an incision into the joint. Give time for nature to perform her task, and to fill the joint itself with adhesive matter, as the abscess extends down the limb to a great distance from the joint. I have made up my mind most decidedly on this point, having again and again had an opportunity of contrasting both modes of practice. When the disease is protracted, it would be cruel and injurious to the child to keep it in a state of perfect rest, and it should therefore be allowed to use a crutch. This will prevent the derangement of the general health, and that depression of mind, which arise from long confinement. If the disease has

continued for any length of time it is not to be expected but that some lameness will remain.

### *Of Vertebral Diseases.*

A disease similar to the disease in the joints occasionally occurs in the spine, sometimes beginning in the vertebral substance, sometimes in the bone itself. The disease of the vertebral substance has been accurately described by Mr. POTT, and I recommend you to consult his pamphlet, which contains a very admirable history of this disease. It is manifested in the following manner. The child complains of a fixed pain in the spine; the pain, however, is not confined to the spine, but it extends down on each side, in the direction of the nerves arising from the spinal marrow. There is weakness and pain in the back; pain on the sides, more on one side than on the other; and the nerves arising from the spinal marrow are inflamed in consequence of the pressure of the membrane of the spinal marrow. After a little time there is a projection of the spine backwards, one, two, or three of the spinous processes projecting more than the others. It usually happens that the lower extremities become affected.

ed; sensibility is diminished, and the muscles lose a portion of their voluntary power. Thus a child affected with this disease is in the constant habit of falling in consequence of a want of due power in the muscles. There is this difference between paralysis and the effect on the lower extremities from this disease, that in the former case all action of the muscles is suspended; in the latter there is diminished power and spasmodic contraction of the muscles. The patient sits with his limbs drawn under him, and his heels towards the nates; and there are, besides, spasmodic twitchings of the limbs. If the lumbar, or dorsal vertebræ, be affected, there will be difficulty in discharging the urine, and the fæces will at length pass off involuntarily.—When the disease is in the neck, the head is the only part of the body, except the vital organs, which retains its power; volition is lost in all the parts of the body below the seat of the disease, and the patient is reduced to the most abject state of helplessness. This disease of the spine is very apt to produce abscesses, in the form of cervical and lumbar abscesses. These abscesses frequently oc-

casion a very considerable loss of substance, as you will have an opportunity of observing, in the preparations which I shall send round. On dissection, the vertebræ are found to be sometimes wholly, and sometimes in part, absorbed; occasionally, four, five, or more vertebræ are absorbed; there is a specimen in the College, in which four vertebræ are wholly, and two are partially, absorbed. This absorption is the effect of pressure on the spinal canal. A curious change takes place, after a time, in the spinal canal, which is, that instead of being smaller, it is larger opposite the part in which the vertebræ have given way. In cases where a cure has been effected, the spinal canal is larger opposite the part where the vertebræ have been absorbed, than it is above or below the diseased part.—The mode in which the disease becomes cured, is by the upper portions of the vertebræ falling on the lower, and in this way ankylosing. This is not matter of conjecture; there are three specimens on the table, in which you will see the upper part of the spine bent forwards so as to meet the lower vertebræ, and in this way pre-

ducing ankylosis. This must be your object in the treatment of this disease. You should keep the spine of the child as much as possible at rest; with this view the child should be kept as steadily as possible in the recumbent posture, so that the vertebræ may be suffered to fall into contact, and by coalescing effect ankylosis. If you attempt to keep the spine straight, you will defeat the object of nature; do not keep the patient in a directly straight line, but rather assist nature in producing the union of the vertebræ. Great attention should be paid to the general health of the child; it should have the best of nourishment, taking care to avoid any thing which may produce feverish excitement; and air in a carriage, care being taken that the body should not be shaken. If the child cannot be kept at rest, if the parents are unable, or refuse to observe these instructions, the next best treatment will be to apply one of Callow's backs, which is worn upon the spine, and fixed round the pelvis and shoulders. As to avoiding deformity, that is out of the question; in all these cases deformity is inevitable; whatever you do this cannot be

prevented. The words which now fall from my lips you may recollect at some future period when you may be called to a case of this kind; and I now tell you, that I have never met with an example in which the spine, under these circumstances, has been exactly restored to its natural state. All that you can do is to assist, or rather not to oppose the process of nature in producing ankylosis. Blisters, setons, and issues are commonly employed, but they frequently do more harm than good, by the irritation which they excite in the constitution; the means on which you should chiefly rely are rest and the recumbent posture. The part of the spine affected is of no importance with respect to the cure; whether it be the neck, back, or loins, there will be no difference as to the treatment, except in the form of the mechanical means which may be employed.

The next diseases to which I shall call your attention, are

#### *Psoas and Lumbar Abscesses.*

With respect to these diseases, I shall point out to you the nature of their treatment very shortly. Diseases of the ligaments

ments of the spine, commences between the ligaments and the surface of the intervertebral substance. It is very often nothing more than an abscess, from the disease which I have just spoken of, having its origin in inflammation of the spine, and the intervertebral substance. The matter spreads till it reaches the origin of the psoas muscle, which passes into ulceration, and forms a bag, surrounded by a complete ring. The abscess proceeds as far as the tendon of the muscle, by Poupart's ligament, and its further progress is restrained by the tendon; when it passes under Poupart's ligament, between the femoral vein and the symphysis pubis, it has generally attained considerable magnitude, and has the appearance of femoral hernia. You may know this abscess by the following marks: in the first place, when you ask the patient whether he has for a long time had continued pains in the loins; if he has psoas abscess, he will reply, "Yes, four, five, or six months;" you will find that he has a difficulty in extending the thigh; if he puts his legs together, he feels pain and tightness in the groin, and he has increased pain in

attempting to exert the limb, in consequence of the psoas muscle being then on the stretch. An excellent case of psoas abscess, in which the symptoms were particularly marked, occurred in the other hospital a few days ago. This disease has the same seat as femoral hernia, and is, therefore, liable to be confounded with it: the marks which chiefly distinguish it from femoral hernia are the pain in the loins, and the great constitutional disturbance which the patient suffers in the progress of the disease. If the abscess forms on the side of the vertebræ, instead of the fore part, it is termed lumbar abscess, instead of psoas. So much for the nature of psoas and lumbar abscess: with respect to the treatment, you must allow the abscess to take its course; very little can be done in this disease, until it has acquired considerable magnitude. The use of issues is sometimes recommended in these cases. Little can be done, however, to prevent its progress when it is once formed, and I do not know that any advantage is to be derived from counter-irritation. *Digitalis* has been given, with a view of

promoting absorption, but I have not known it in any instance succeed. Mr. CLINE, senior, once gave it, to a very considerable extent, to a boy fourteen or fifteen years old; the abscess diminished for a little time, but when the digitalis was given up, in consequence of its influence on the general health, the disease returned. Let the abscess proceed, until you observe a redness or blush of the skin, and then adopt Mr. ABERNETHY's plan of making a valvular opening into the part, so as to discharge the matter, and close the wound almost immediately. The danger does not arise from the quantity of matter accumulated, but from the irritation produced by the attempts of nature to close the abscess, and fill the cavity by the process of adhesion. Four days after the abscess is opened, violent symptoms of constitutional irritation are apt to come on, such as great depression of strength, loss of appetite; and the patient is soon reduced to the lowest extremity. It is extremely desirable to prevent the occurrence of these symptoms; and the plan of Mr. ABERNETHY is the best that has ever been

suggested by any surgeon, with a view of preventing them.— You are to make the opening obliquely, apply a bandage which is fastened round the abdomen, and endeavour to bring the sides of the abscess as close together as possible, in order to promote the process of adhesion. If ulceration should take place, the matter will be in this way discharged, and all you can do is to support the efforts of nature. I have frequently seen patients recover from this disease. I advise you to use all the means which I recommended in the first Lecture on Scrofula, for the purpose of improving the general health of the patient. A considerable degree of rest should be enjoined; all exercise is injurious in this disease.— Blisters are sometimes placed on the spine, and issues opposite the seat of the disease, but I am not sure that external irritation is of any considerable advantage. I have, however, seen benefit from injecting the abscess; the injection usually employed is the *sulphate of zinc*, or *alumen*. It promotes the adhesive process in the interior of the abscess, glues its sides together, and lessens the purulent secretion.

*Rickets.*

I shall conclude this Lecture with a few observations on the disease produced by debility of the vascular system, which is commonly called rickets. It first manifests itself in disease of the mesenteric glands: the abdomen is increased in size, the head is considerably enlarged, and out of proportion to the rest of the body, so that the disease is often mistaken for hydrocephalus. This arises from the softened state of the bones, which are incapable of supporting the action of the arteries in the brain, and the head and forehead are consequently expanded. The chin is expanded, the sides of the jaw are brought together, and the whole of the features are altered, so that in general, by merely looking at the face of a patient, you may infer from it the state of the spine, and other parts of the body. An alteration takes place in the form of the spine, which has a double curvature, above and below, like the Italic S. Nature endeavours still to preserve the perpendicular line of the body, by producing a second curvature as soon as one begins, and the equilibrium is maintained, though there is a considerable

variation in the form of the spine. The scapula is also considerably projected; a parent will come to you, and say, "I am very uneasy about my child's shoulder—it is growing out." You will judge from this alteration in the shoulder, that there is some alteration in the form of the spine and ribs. Pressure on the shoulder, therefore, with a view of remedying this defect, is a most absurd and unscientific practice; it may give pain, but can do no possible good. The spine in these cases has given way in two directions, and the ribs on one side are more curved than on the other. This incurvation of the ribs, occasions the alteration in the form of the scapula. The anterior part of the chest is extremely projected; the sternum is sometimes sunk in between the cartilages of the ribs, and sometimes advances so as to form what is called a chicken breast. The os humeri, the radius and ulna, the femur, and the tibia, all undergo an additional curvature. Absorption of some of the bones at length takes place, and nothing but the cartilage remains. When you feel the os humeri of a child under this disease, it seems as if it had had a fall, and the bone had

been fractured; the ossific matter is absorbed, and nothing but cartilage remains. The same appearance is frequently observed in the femur, and knee joints of children, in the low alleys of this town, who are deprived of healthy or proper nourishment, and get scarcely any thing, perhaps, but a little gin, which their mothers give them by way of comfort, though they give them nothing to eat. These are the miserable changes to which rickety patients are subject. The cause of all this is a great deficiency in the powers of the circulation, in consequence of which the bones lose their phosphate of lime, and become spongy at the extremities, and the joints therefore are exceedingly enlarged. The ossific matter binds down the cartilages, so as to prevent their expansion; hence arises a diminution of the ossific deposit, which leads to the alteration in the form of the bones. With respect to the treatment of these cases, you will observe the same general principles which I laid down in the first lecture on scrofula, and you will also resort to mechanical means. For the enlargement of the head, it will be right to use some sort of pressure; a cap or

a roller round the head may be worn, for the purpose of preventing the growth of the head by the pressure of the arteries of the brain. The next point is to prevent the curvature of the spine, and for that purpose it has been the practice to keep children in the recumbent posture for a great length of time. This is a plan which I by no means advise; exercise is absolutely necessary to the health of children, and I am glad to find that a respectable gentleman at the West end of the town, as well as a gentleman at Bath, have adopted more rational principles in the treatment of this disease. The cause of this disease is debility, and deficiency in the circulation: how is it possible then to give vigour to the circulation, if the child is kept in a confined atmosphere, and prevented from taking exercise, and particularly of those amusements which are so essential to health? Exercise should be freely allowed, taking care only that it be not protracted so as to occasion fatigue. How, it may be asked, can you allow exercise, and at the same time bring the spine into a straight position? By giving artificial support to the spine. This may be effected by two springs of

steel, added to stays, one on each side of the spine, which may be worn by the patient in any position. CALLOW's back is a good mechanical contrivance; it fits to the back of the patient, and is passed round the pelvis without pressing on the sides; the pressure is on the crista of the ilium, and not on the sides. In the use of mechanical means, the great object should be not to force the child into a certain position, but merely to prevent inclination on one side or the other. I have known children laid down for a length of time, to the great injury of their general health, without producing any effect on the distortion. A lady of great talent, and great resolution, lay for twelve months in the recumbent posture, and rose with her spine in the same state, but with an additional disease in the bladder. The urine was loaded with an immense quantity of mucus, her natural delicacy having restrained her from making water as often as she had occasion. This was followed by a disease of the womb, which proved fatal. I have read a book lately with great pleasure, or rather I have looked through it, for I cannot say that I very often read a book, in

which the author recommends a particular mode of exercise, with a view of bringing certain muscles of the body into action, so as to oppose resistance where there is any deviation from the natural form. The plan is founded on sound and rational principles, and is well calculated to have the effect of opening the chest, keeping the shoulders well back, and bringing the spine into its natural position. In rickety affections of the knees, horse exercise is of great advantage; if the patient is very young, he may be allowed to ride the rocking-horse as long as he likes. The position on horseback throws the knees outwards, while the exercise is beneficial to the general health of the patient.

I shall detain you, Gentlemen, a few moments longer on my own affairs and those of my colleagues. Their feelings have been hurt by the observations which I made on the abuse of mercury in the treatment of patients for gonorrhoea in these hospitals. Those observations having been made for many years in these lectures, are not applicable to them. Who are the men, gentlemen, against whom it has been supposed that these



observations were directed?—Are they men whom I could possibly feel disposed to injure? Mr. TRAVERS is my apprentice, Mr. GREEN is my godson, Mr. TYNRELL is my nephew, Mr. KEY is my nephew, Mr. MORGAN was my apprentice. I feel proud in having such men around me, and I believe at no former period has the surgical department of these hospitals been so well filled as it is by them. I do not wish to be understood as disparaging the abilities of former surgeons, but what I do say is, that there have never at any one time, been so many persons officiating as surgeons to this hospital, who have been so properly educated to the profession. It is my wish to uphold the profession, and it is because I wish to uphold it, that I wish its abuses to be corrected. I believe much good has already resulted from my observations on the abuse of mercury. It is not my intention to retract my opinions, and I am happy in being able to state that the present surgeons of St. Thomas's and Guy's have never pursued the system of treatment which I deprecated in the Lecture on Gonorrhœa, and that the venereal wards of Guy's are about to be opened within a week *under new and improved regulations!* I have spoken to the gentleman who rules over that hospital, and I have the satisfaction of stating that making patients spit three half pints a day will no longer be a part of the system, but that the Venereal wards will be within a week opened *under new and improved auspices.* I trust that harmony and unanimity will ever be preserved among the Members

of the Profession, which are essential for their mutual advantage, and the advantage of the public, and it shall not be my fault, if that harmony is ever disturbed.\*

\* After this Lecture, Sir A. COOPER, for reasons which we shall leave to the 'Hole and Corner' surgeons to account

ensuing lectures on Fractures, were delivered in the operating theatre of Guy's Hospital. The Lecture on Gonorrhœa, which contained Sir ASTLEY's manly and indignant remarks on the "infamous practice" of salivating patients for that complaint, which prevailed in the Borough Hospitals was delivered on the 18th of April. These remarks had been made year after year by the Learned Professor, but they were unpublished, and the abuse remained uncorrected. The Lecture was published in THE LANCET on the 15th of May, and on the 20th of May, Sir ASTLEY announced that the venereal wards at Guy's would be opened within a week under new and improved regulations. That the profession and the public may judge of the nature of the abuse, of which the publicity given to it in THE LANCET effected an immediate correction, we will subjoin in this place some of Sir ASTLEY's observations in the Lecture on Gonorrhœa:—

'Look, gentlemen, at 100 patients in our foul wards, many of whom come into the Hospital with syphilis and gonorrhœa, and many, I am sorry to say, who have only gonorrhœa, but who are invariably carried to these wards. What is the miserable treatment of these patients? You are aware, gentlemen, that I scarcely ever enter the foul wards of the other hospital; when a particular case demands my attention I have the patient removed to a clean ward. I will tell you why I do not enter these wards, gentlemen. I abstain from entering them, because patients under gonorrhœa are compelled to undergo so infamous a system of treatment that I cannot bear to witness it. To compel an unfortunate patient to undergo a course of mercury for a disease which does not require it, is a proceeding which reflects disgrace and dishonour on the character of a medical institution. No consideration shall induce me to repress my feelings on this subject—no authority shall restrain me from giving full

## CHEMISTRY.

The Electrometer is an indispensable instrument for the successful study of the laws of electricity, and should be provided by every one who is desirous of prosecuting the science with any satisfaction; in fact without this instrument, and a considerable degree of personal experiment with it, no one, strictly speaking, can know any thing about electricity; he may become acquainted, it is true, with a "general knowledge" of electricity from books, or from attending Lectures on the subject; but as "general knowledge" commonly means "general ignorance" we would not

expression to those feelings. As long as I continue a surgeon of Guy's Hospital, I will endeavour to do my duty, but I care not whether I continue a surgeon of that Hospital another day. I do say that the present treatment of patients under gonorrhoea in these Hospitals, by putting them unnecessarily under a course of mercury for five or six weeks, is infamous and disgraceful. The health of the patient is perhaps irremediably destroyed by this treatment, and after all not the slightest effect is produced by it on the disease. If he is cured of his gonorrhoea at all, he must be cured by other means. If you go to a patient for gonorrhoea in the foul wards at the end of his course, and ask him how many times he has rubbed in, he will generally answer "twenty eight times." If you ask whether he is salivated, he will tell you that he spits three pints a day, but ask him whether his gonorrhoea is cured, and he will reply "No, I have my clap still upon me." His disease is not in the slightest degree affected by the mercurial course to which he has been so unpardonably subjected, and it will be after all necessary to cure him by injections or other means. When so infamous a practice prevails I cannot satisfy my own feelings by resorting to milk and water language; every man of common feeling and honesty, is bound to speak out on such an occasion.

advise any one of our readers to acquire such proficiency. If he is not enabled to obtain an expensive electrometer, we would advise him to practice with some simple contrivance as a substitute: viz. let him suspend two light balls made of the pith of elder within a dry 8 oz. phial, by fine threads of cotton attached to the eye of a common coat button, which must be made to cover and rest on the mouth of the bottle. With this contrivance he may experiment with advantage, and be enabled to detect very small changes of electrical action.—We would advise him to rub every substance likely to shew electricity with a silk handkerchief, and present it, after it has been rubbed, to the metallic button on the mouth of the phial; which we will call the cap of the electrometer. By this means he will witness the various effects produced by friction on different substances, and will be enabled to judge correctly of certain laws and phenomena, too minute to be described in books or developed in public lectures; but at the same time too important to be neglected. If a piece of sealing wax be rubbed with flannel and presented to the cap of the electrometer, the balls will diverge; if the flannel be now presented to it, the balls will first close and presently diverge again. Or if the flannel, after excitation, be first presented to the cap of the electrometer, the balls will diverge; but now, when the sealing wax is presented, instead of diverging further, as might be expected from observ-

ing the effect it produced in the last experiment, the balls will collapse. Either excited glass, or sealing wax, will cause a divergance of the pith balls when presented singly, but will cause no effect whatever when presented together: if the sealing wax and flannel, used in the former experiment, be presented at the same time to the cap of the electrometer, no divergance will take place. These experiments are important,—an explanation of the phenomena involve at once the subject of *positive* and *negative* electricity.

It was at first conceived that these phenomena were peculiar to the substance by which they were produced; and hence the power excited by rubbing glass was called *vitreous* electricity, and that resulting from the friction on sealing wax *resinous* electricity. But it is now demonstrated that *both* powers are produced in every case of electrical excitation, and as their mutual action resembles an affirmative and a negative power, the terms *positive* and *negative* electricity have been substituted for vitreous and resinous. The question, whether these counteracting phenomena, are produced by a plus and minus state of the bodies engaged in excitation, or whether there are two distinct fluids of different properties called into action by friction, at present engage the attention of philosophers, and is far from being determined, either in favour of the first hypothesis, or the last—and, in fact, until we know whether electricity is material, or simply a quality of matter, this question can not be set at rest.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### *Continuation of the Case of W. in Lazarus.*

July 22. The powerful twitchings of the muscles on the side of the neck continue just as before. He complains of not being able to sleep at night; pulse continues rather quick, and the tongue is furred; he says he cannot perceive any alteration in the violence of the pain.

July 24th. Was yesterday cupped to the extent of fourteen ounces, since which he says he has been a little easier. Pulse 80, but not hard; whilst lying on the pillow he is easy, but the slightest movement of the head or neck brings on the pain and the spasms; he does not complain of being thirsty, and the secretions from the alimentary canal are natural.

July 26th. He complains to-day of having pain also on the left side of the neck, but principally on the right side, shooting down between the shoulders. He labours much to breathe during the violence of the paroxysm; his mouth is twisted in various directions, and his whole trunk drawn towards the right side. A seton has been introduced in the neck, opposite the spinous process of the second cervical vertebra.—His mouth is getting rather sore by the mercury. He continues his former medicine, with an addition of *Opium*, at night.

As the improvement in this case must be very gradual, we

shall notice any favourable change when it occurs, or any alteration that may take place in the treatment. Without one or the other, daily notices would be only so many repetitions, which would be tiresome without affording any information.

*Case of Dropsy of the Lower Extremity, from pressure on the External Iliac Vein.*

W. W., aged 40, was admitted into Job's ward, June 30, with a swelling of the right leg. He says that about two years since he was kicked by a horse, whilst at work in the stables at Greenwich; the blow given by one foot of the horse was received just above the crista of the ilium, and the other foot struck the right testicle, which produced great inflammation in it, and soon after the glands in the groin began to swell, and remained very large and hard for a considerable time. He applied leeches and washes to the testicle, which reduced the inflammation, but did not remove it; and about six weeks after an abscess formed, which burst, and discharged, according to the patient's account, a considerable quantity of matter. This kept up the irritation in the gland, and will account for its remaining a long time enlarged. The gland, however, did not suppurate. For the five months preceding his admission, he says the limb was just as large as when he came in. It was then about twice the size of the other leg. The skin had a brawny feel and appearance. — The swelling was rather

tense, but yielded to pressure, and immediately that pressure was removed, it recovered its former figure. The patient complained of its feeling very heavy, and of there being a great numbness in the foot. There was also an enlarged absorbent gland, situated just beneath Poupart's ligament and near its insertion into the pubes, in size as large as a pigeon's egg, and very hard. His tongue was moist, his pulse regular, his sleep good, his appetite unimpaired, looked florid, and his general health not at all disturbed.

Sir ASTLEY saw this patient to-day, July 2d, for Mr. MORGAN, who is unwell, and at the side of the bed made the following remarks: "Dropsy, it is said, arises from an increased action of the exhalents, or from a diminished action in the absorbents, and this in a general way is true; but the appearances of the dropsy produced by these causes, are very different. In the one, you have a tense, shining, semi-transparent skin; and if you press your finger on it, you will find it will sink into the swelling, as if you were kneading dough, and that depression will continue some time; but in the other, or that which arises from a mechanical impediment on the trunks of the absorbents, you cannot produce any pitting on pressure, and the skin has the appearance which you now see." — He then ordered: *Hydrargyri Submur: gr. iiii. bis in die*, and the limb to be washed with the *Unguent, Hydrarg. Camp.* every night. — The patient was

also ordered rest and the horizontal posture with a low diet. With this treatment the swelling rapidly decreased in a week, and continued to do so, more slowly, for a fortnight. He then left off his mercury, as his mouth had been kept some time very sore, and was ordered some brisk aperient medicine.

July 26th. The leg now is very little larger than the other; he can use it without any inconvenience; and the glandular enlargement has almost entirely subsided. He takes no other medicine but the house physic, every morning, which is necessary to keep his bowels regular. His health continues very good, and we suppose in another week or two he will leave the hospital.

#### Operations.

The case of *Gangrene of the Foot*, which we gave last week, was operated on to-day (Tuesday) by Sir ASTLEY COOPER. The leg was removed about four inches below the knee—the stump secured with three ligatures.

Sir ASTLEY also removed a large steatomatous tumour, weighing about three pounds and a half, from the fore part of the shoulder of a man. It rested partly on the pectoral muscle, and in part on the upper arm.

The *External Iliac Artery*, on the left side, was tied to-day by Mr. KEY.

The woman had a large aneurism of the femoral artery very high up, which she said had only existed three months.—Mr. K. made a semicircular incision through the integuments,

of about three inches in length, above Poupart's ligament; and the centre of the curve was just opposite the internal ring. A small vessel, a branch of the external pudic, was now taken up with the tenaculum, and secured; the surface being wiped clean, Mr. K. exposed, with very little additional dissection, the tendon of the external oblique. This was divided in the same direction as the first incision, and the knife was then laid aside, and the finger passed through the internal ring upon the artery, which, with the assistance of a director, was separated sufficiently from its attachments to pass the aneurismal needle, with the ligature under it. The ligature was passed under the vessel in ten minutes, and the patient was removed from the table in fifteen. The pulsation in the tumour immediately ceased. We have never seen Mr. KEY operate with more composure and confidence than in the present instance.

The Theatre was filled with pupils, as much so as at any period of the winter season; and we were much pleased to hear, before we went into it, that the regulations so long painted on the board in the theatre, but so little attended to, were this day to be enforced. Accordingly, we saw the dressers of the operating surgeon place themselves within the bar, and the dressers of the other surgeons very modestly place themselves without; there were some Physicians, and other strangers present, and they

were placed on the one side of the bar, so as not to intercept the view from the body of the theatre; the dressers occupied the front boxes. By this arrangement every individual in the theatre had an opportunity of observing every step of the operation, and approbation was marked on every countenance. — This, however, did not last long, for when Mr. KEY's dressers went to the table, the other dressers forgot to leave it; one intrusion encouraged another, and all was again confusion and uproar. — The old cry of "*Heads! heads!*" and the new one of "*Regulations! Regulations!*" became general, and all were trembling and some were growling. We could certainly name some dressers' heads who first broke the order of the day, as being very much out of their places; and if we find that they repeat the grievance, we shall give them at full length.

We really think that one word from the Surgeon would have restored the arrangement intended, if he had noticed the first intrusion; and we hope that as the surgeons at Guy's take the lead in all arrangements conducive to the comfort of the students, that they will not allow this attempt to be rendered abortive by the turbulence of two or three individuals.

The accidents received this week are, a dislocation of the elbow; an injury to the thigh; another to the abdomen; a fractured thigh; an injury to the back, and a fracture of the humerus.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE.

July 21. — Mr. TYRRELL, after making a few observations on the case of erysipelas in Abraham, proceeded to speak of the different species of cataract, and the operations required for their removal.

I shall (said Mr. T.) for the sake of an arrangement divide cataracts into *lenticular*, *capsular*, and *lenticulo-capsular* or the congenital cataract, and first of the lenticular. During its formation, objects are seen as through a mist or through a gauze, and at this time probably if you look into the eye you will see no opacity of the lens; but in a short time, you may distinguish a speck in the pupil, of a dirty white colour, and this gradually increases in extent and density, and the vision is gradually destroyed. During its progress the patient can see but in a weak light, by which circumstance you may distinguish it from amaurosis, for as the pupil dilates the rays of light pass through that part of the lens which remains transparent, and therefore the patient can distinguish objects better: whereas in amaurosis vision is little influenced by the degree of light. These cataracts are divided from their different densities into the *firm*, *soft* or caseous, and *fluid* cataracts. The firm cataract occurs most frequently at the latter periods of life. The opacity is circumscribed in the centre of the lens, and of a yellowish or amber colour. If you look into the pupil from the side of the eye, there

appears a space between the opaque lens and the iris; and sometimes there is a shadow of the iris thrown upon the lens; and by dilating the pupil with belladonna you can see the transparent margin of the lens. In the soft or caseous cataract, the lens appears of a dense white, like a curdly matter; it is very large, and sometimes increased to twice its natural size, so that it protrudes more than the firm cataract, and on looking into the posterior chamber, you do not see any space between the iris and lens. You may sometimes see spots of a whiter colour in this cataract. The *fluid* cataract is of a milky appearance has at the same time a bluish tint as the light shines in some degree through it. On dilating the pupil, the opacity is found throughout the lens, and it has not a transparent margin like the firm cataract; but there is, however, commonly a firm nucleus, and in the dilated state of the pupil the patient can distinguish between light and darkness. It is also larger than the firm cataract, and has a somewhat flocculent appearance. The *capsular* cataract is commonly produced by blows, or wounds of the eye, penetrating the cornea, and reaching the lens. It occurs more frequently from inflammation than lenticular cataract does. The opacity may be either in the anterior or in the posterior layer of the capsule, or it may be in both. When the anterior layer alone is opaque, the opacity is close by the pupil, and it appears like a nebula, if you look at the eye from the front; but if you take a side view you immediately see

that the cornea is clear, and that the opacity is behind the pupil. —When the posterior layer is opaque, you may distinguish it by its depth and the apparent concavity of the lens. Whenever radii are seen in cataracts, BEER has given them as decisive marks of the cataract being capsular. But I have also found them to be lenticular, and to occur in middle aged persons. In its incipient state it is rather difficult to distinguish capsular cataract from *glaucoma*; but it may be known from that disease by observing the reflection of the rays of light. In *glaucoma* if you let the light fall through the centre of the pupil, you will see a whitish spot in the bottom of the eye; if you turn the eye a little to the right side you will see it then, and the same on the left side; the spot follows the different motions of the eye, according as you turn it either to the right or left side. On the other hand, the capsular cataract will remain stationary, and will always be seen in the same situation however you may vary the position of the eye. —The patient also sees best in a bright day whilst the sun is shining; whereas a person with incipient capsular cataract can see best towards evening, when the pupil is more dilated. If you apply belladonna also to the eye, the sight will be only more confused in a person having *glaucoma*; whereas in cataract, by dilating the pupil, the vision will be more improved.

Now the different operations for cataract are, that of *solution*, where you admit the aqueous humour upon the lens by lacerating its capsule; *depression*, in which

you remove the lens from the rays of vision by pushing it into the vitreous humour; or *extraction*, in which you remove the lens through a section of the cornea. There has been a fourth operation described by Dr. BOWEN, called *hyalonyxis*, which I think objectionable, on account of the inflammation likely to be caused in its performance. For further particulars respecting this operation, I must refer you to the last number of ANDERSON'S Journal of Foreign Medicine. I would only recommend you to try the three first.

Previous to performing the operation, however, many points are to be considered. Before extraction, particularly, you should apply the belladonna, in order that the pupil may be dilated to its utmost extent. You obtain also a better knowledge of the internal state of the organ by this than by any other method; and in all cases of amaurosis you should apply it. I will mention to you a case which shows the necessity of doing this. A gentleman applied to an oculist\* in town for a dimness of vision; he examined the eye very attentively, and told him he had incipient amaurosis. But not being quite

satisfied, he went to another who applied belladonna, by which there was a deep-seated circumscribed opacity discovered, which was supposed to be in the capsule; and therefore in all cases in which there is the least doubt, I should advise you to apply belladonna. By it you will also detect the presence of adhesions between the capsule and lens, which were not discernible before, and therefore, the utility of knowing this before operating is evident, as it would form an important objection to the performance of extraction. In addition to becoming acquainted with these circumstances, it will be also necessary to know if the patient be able to distinguish light from darkness sufficiently to tell where the window is placed, to tell if the hand or any other opaque body be placed before the eye, to tell if a candle be in the room, or to know the light of the fire. The motions of the iris should be free before you proceed to the operation of extraction. The cataract too should have formed without pain, or any other symptom denoting previous internal inflammation. The colour of the lens is also of importance to attend to, as if glaucoma be present the lens will have a greenish tint, and this is the best diagnostic mark of it. It has been said that this is not of much consequence, but I have never seen such cases terminate favorably. You should see also that there are no varicose vessels on the globe of the eye, that there is no ophthalmia existing, and that there is no pain in the head. You may, after satisfying your-

\* We do not like this term; if Mr. Tyrrell is anxious (as we believe he is) with the other members of the profession, to unite the treatment of the diseases and operations of the eye with the practice of surgery in general, why attempt to preserve a useless distinction of names. We remember another and more public occasion, on which Mr. T. said, I am oculist to the London Eye Infirmary; but his colleague, said, I am Surgeon to the London Ophthalmic Infirmary. Why not then say that the gentleman applied to was a Surgeon? Or if a Physician, why not say a Physician?



selves on these points, proceed to the operation of extraction, which I shall now describe.

The instruments required are the knife and the curette, having one extremity curved and sharp like a needle, and having a little scoop at the other end. The knife which is commonly used is Beer's of Vienna, it is of a triangular figure, and cuts only on its lower edge, from its point backwards. Here is another (showing this and the former to the pupils) which was used by Wenzel, who at one time made annual visits to this country to operate on persons having cataract; it is in shape very much like the spear-pointed lancet, having a cutting edge on each side. (Here Mr. T. showed the curette, and observed, that the scoop part of it was intended to remove any portions of the lens which might remain in the anterior chamber.) Here are also two small knives, having blunt extremities, for the purpose of enlarging the incision of the cornea if necessary; these are convex and concave, but I prefer the one having the cutting edge on its concavity.

Although the operation is most successful if the marks which I have given be present, yet if the eye is not sufficiently prominent, and if the orbit projects much; if the lens is large, and protudes much into the anterior chamber, these would form additional objections to the performance of the operation. The steps of the operation are these:—the upper lid should be elevated, and fixed firmly against the upper edge of the orbit, by an assistant, who should be at-

tentive enough to watch the progress of the incision of the cornea; for as soon as that is completed, he should immediately let the lid drop. You should then, with the fore and middle fingers of your left hand, depress the lower lid a little, and prevent the globe of the eye being turned towards the nose in the way which I recommended when speaking of the removal of foreign bodies from the cornea. Then hold the knife between the fingers and thumb of your right hand, just as you would hold a pen, and put your ring and little fingers on the outer part of the cheek, in such a way, that although they afford a proper support to the hand, they must not prevent your being able to carry the point of the knife straight through the cornea, without shifting the position of the hand; if you allow the knife to recede in the least degree, the aqueous humours escapes, and the iris falls beneath the edge of the knife. You then introduce the knife from the outer part of the cornea, about a line before its junction with the sclerotic, and a little above the middle line of the cornea, giving the point of the knife at first a slight inclination inwards, then carry it gently, and with an equal motion, across the eye towards the inner canthus; bringing the point out rather below than above the transverse diameter of the cornea. Still, however, there is generally a portion of cornea to be divided beneath the edge of the knife, and this should be done with a gentle undulating motion of the knife down-

wards, not making any pressure on the globe. I have seen it divided on the finger, but this is a bad practice; for if the patient should give a sudden twitch of the eye, the finger slips against the globe, and might cause the evacuation of a great part of the vitreous humour. It is better, if you have any difficulty in finishing the section, to do it with the small curved knife, which I prefer to the scissors. You then introduce the curette with the convexity towards the cornea, and when you have got the point opposite the pupil, you turn it inwards, and lacerate freely the capsule of the lens, and then turn the convexity of the curette downwards, and thus carefully withdraw it. You now make pressure, on the upper part of the globe, with the other end of the curette, and as soon as you see the lens moving from its situation, you gradually diminish the pressure and the lens escapes. If you have any prolapsus of the iris, you desire the patient to close his eye as if asleep, and then you rub gently on the lid, and that causes the iris to recover its proper shape; but if after two or three times you find it does not retract, you might then cautiously evacuate a small portion of the vitreous humour, and this will generally succeed.

When I was first elected to the Eye Infirmary, it was the practice there to bleed subsequently to the operation; but this sometimes occasioned fainting; sickness often followed, and by vomiting the vitreous humour was forced out, and the eye lost. Very slight pressure, from any

cause, the mere act of sneezing, coughing, or any gentle exertion, will sometimes produce a loss of the substance of the globe. On account of these trifling injuries proving destructive to the organ after extraction, I was led to try what I could do by depression, and this had been also recommended by Hey and Scarpa, and it appears to me that the objections urged to this operation are not valid.

I lately performed an operation for this disease with the needle, by which I lacerated the capsule of the lens as in operating for soft cataract; exposed the lens to the action of the aqueous humour, by which a great part of it was absorbed, and afterwards depressed the firm nucleus. I have operated on almost all ages between forty-five and seventy-three, and in every case with complete success. Extraction requires great practice, and as much manual dexterity as any operation in surgery, and a person without having seen it frequently done would find it very difficult to perform. On the other hand, a person who has once been shown the needle operation, can easily perform it; and another reason for adopting it would be, the shorter time which it requires in the performance.

When the cataract is soft, of a cheesy consistence, or fluid, you perform another operation, namely, that of *solution*, which I shall now describe. This is sometimes called the needle operation, and there are three needles in general use: The first is, Saunders' needle, which has a cutting edge from the point to the shoulder. Another is that

used by Sir William Adams, which cuts down the sides as well as at the shoulders; and the third is Scarpa's, which is curved a little at its extremity. The small opening made in the globe in this operation is not of sufficient importance to form an objection to it. If you find there is much difficulty in raising the lid, you may use a speculum for the purpose, which is introduced between the tarsus and the upper lid. The operation is performed either anterior to the iris, when it is called keratonyxis, or behind it, when it is called the posterior operation. In the anterior operation I prefer Saunders' needle, and it is introduced a little above the place where you introduce the knife; you then pass it on to the opposite side of the pupil with its flat side towards the iris, then turn the sharp edge to the capsule, and draw the needle several times up and down the capsule, so as freely to lacerate it, and then turn the needle and withdraw it. In the posterior operation, I generally use Sir Wm. Adams' needle; it is introduced just as much behind the anterior edge of the sclerotic as in the former operation it was introduced before it. You then carry the needle through the vitreous tumour to the lens, turn the needle freely between the finger and thumb, so as to break up the structure of the lens, and lacerate its anterior capsule. Previous to performing any of these, the belladonna should be applied, and if you should discover any adhesions between the iris and the capsule, you should take this opportunity of detach-

ing them, from all points but one, as the iris will be drawn towards it, and a good pupil be left. The chief advantage of this operation appears to be, that the lens is not disturbed from its situation. You may generally judge of the laceration being sufficient by the iris becoming concave instead of remaining convex, and the aqueous humour becoming somewhat turbid. For the third mode of operating, namely that by *Depression*, I generally use SCARPA'S needle. This is introduced through the sclerotic, about a line behind its junction with the cornea, then carried onwards to the lens, and when you have reached the centre of it, turn the curve of the needle downwards and depress the lens with a little jerk downwards and outwards by elevating the handle of the needle. There would be no objection to the performance of extraction, after the anterior operation, provided the nucleus of the lens did not, after a certain time, appear to be acted on by the aqueous humour. The common consequence of each variety of the needle operation, is iritis, which would yield to the treatment necessary for it, whether arising from common causes or from syphilis.—Sometimes after extraction or solution capsular cataract takes place, without being attended with inflammation or pain, and will require an operation for its removal, which is just like that of the posterior operation, which I have just described. You will recollect the case of the boy on whom I operated a week or two ago, who had capsular cataract:

the divided capsule has been retracted by the action of the iris from the use of belladonna, and a very good pupil is now formed.

The *Congenital* cataract is generally capsular, and if the operation be not performed in five or six years, the lens becomes absorbed. It often happens, after this operation, that portions of the capsule remain in the anterior chamber for years, without undergoing any perceptible change. There is

a young woman who comes occasionally to the Eye Infirmary who was operated on fifteen years since, and in the anterior chamber you may see the pieces of the capsule. I operated on seven of these cases last year; and in one patient particularly, I wished to see the effect of removing the lens from its situation, and therefore I broke up the opaque matter of the lens in one eye and pushed as much as I could into the anterior chamber, whilst I allowed the lens to remain *in situ* in the other eye. In the first, I was obliged to repeat the operation, and in the other the absorption went on very well, and they both ultimately succeeded. I have, in addition to the numerous cases on which I have operated, repeatedly seen the operation performed by others, and have never observed any injurious consequences attend them. You may lacerate the lens and its capsule very freely, particularly in the young subject. Mr. TYRRELL performed the different operations several times, on the eyes of sheep, to the dif-

ferent parts of the class, and observed at the close of the lecture, that he did not know whether he had been sufficiently explicit; but added, that if any gentleman wished to see any part of the operations repeated, that he should feel most happy in doing so, as it was his wish that the operations on such a delicate and important organ, should be thoroughly understood.\*

The subject of cataract will be continued next week.

#### *Continuation of the case of J. H. in Abraham.*

We are glad this week to be able to give a successful termination to this case.

July 22.—Strength continues to improve; sleeps comfortably; tongue moist, but still a little furred; was ordered an increase of his porter, so that he now takes *℥. ii.* daily, and *℥. iij.* of milk.

24.—The wound on the foot looks very healthy, and granulations are fast sprouting from it. There has been a collection of matter in the lower part of the thigh, which has been poulticed, and when it had discharged, straps of soap plaster were used to unite the integuments to the parts beneath, by making gentle pressure. He was ordered to continue his former allowance of medicine, but to have the steaks and chops on alternate days.

\* It might appear from a letter which we inserted a fortnight ago, that Mr. T. was remunerated for the lectures which he delivers, but this is not the case; they are delivered gratuitously, for the intended benefit of those attending the Hospital practice.

26.—He is now so much improved, that he thinks he could walk into the square; he had been taken out once in the chair and remained a few minutes, but the sun had at that time nearly left that part of the building, and he felt rather chilled by it. Dr. ELLIOTSON and Mr. TYRRELL saw him together to-day and agreed in . . . allowance.—His wine and opium were omitted, and he is to continue the quinine every eight hours instead of every four.

The accidents received this week, are, a laceration of the head; an injury to the ankle from a fall; another from a kick; an injury to the head; ditto to the elbow, and another injury to the head.

We observed this week in the surgery, what we have long looked for, and what we intended, in the next week to have noticed the absence of, and that is, a list of the accidents received during the week, and the names of the wards in which they have been placed. We give the dresser of the week great credit for setting this example, and we hope that the succeeding dressers will continue the practice. It has long been done at Guy's, and it would be much better to see the boards at St. Thomas's surgery exhibit some more useful notices than "Razors to grind," and "Lodgings to let."

The only operation performed here this week was the removal

of a tumour from the forehead by Mr. TYRRELL.

## MIDDLESEX HOSPITAL.

### *Case of Dislocation of the Head of the Femur backwards into the Foramen Ischii.*

Thomas Willis a healthy man, æt. 35, admitted June 7th. This man, whilst wrestling with an acquaintance, was thrown on the floor with great violence, and dislocated the left thigh bone at the hip, in the manner above-mentioned. The following is a description of his appearance on being brought to the hospital, and placed in bed. He lies on the bed with his body at an angle with his lower extremities, and his hip projecting. He is lying on his right haunch, and on the outside of his right leg and thigh. The left extremity presents a curious appearance. The hip is turned round, the back part of the thigh, the ham, and heel are directed upwards. Looking at the right leg, in conjunction with the left, the former presented a *lateral*, whilst the latter exhibited the *posterior* aspect—the former presented the appearance of a man lying in bed on his right side, whilst the latter would indicate the position to be *prone*, or with the face downwards; and the relative situation of the two extremities could not, without the greatest torture to the patient, be altered in any material degree; the whole presented a singular distortion, which also prevented an

accurate admeasurement of the comparative lengths of the two extremities, in which, however, they did not appear to differ very materially.

*Reduction.*—Previous to the operation some *Emetic Tartar* had been exhibited, for the purpose of producing nausea. About 20 ounces of blood had also been taken from the arm. The operation of reduction was then performed without removing the patient from the bed on which he lay. A towel was applied above the knee, and afterwards attached to the pulley. A large towel was then placed between the thighs, and a cushion on the perineum. This latter towel passed over the fore and back part of the trunk, and was attached to the iron bedstead, which was prevented from altering its position, or approaching the wall into which the staple for the pulleys was fixed, by a log of wood being interposed. An assistant, having the command of the pulleys, kept the muscles of the limb for sometime on the full stretch. One of the surgeons marked the relation of the trochanter with the spine of the ilium. Another held the knee and leg, whilst an assistant kept down the trunk and pelvis. The dislocated limb was now drawn in a direction downwards and forwards, and the surgeon, whose fingers were on the trochanter, having announced that the head of the bone had been drawn out of the notch and the limb sufficiently elongated, the other surgeon rotated the limb into its natural position, the extension made by the pulleys being at the same time suddenly relaxed,—

and by this single and well-concerted effort, the dislocation was reduced. After the operation he was extremely sick, arising most probably from the medicine previously exhibited.

For several days from this period, there was considerable pain and swelling of the integuments of the thigh, more especially of those surrounding the hip joint; these symptoms were relieved by the application of *leeches* and *cold lotion*, and subsequently a *blister* was applied to the joint. There was also at this period great pain and tenderness on pressure, in the course of the sciatic nerve, more especially in the popliteal cavity, and in its course to form the tibial and fibular divisions supplying the leg and foot. To these symptoms a complete loss of sensation and motion of the foot succeeded, which latter, however, by the application of *leeches*, *blisters*, and *stimulating liniments*, has been restored to him, and at this period he is in a fair way of regaining the powers of sensation also. *Electricity* and *stimulating liniments*, are the remedies at present employed, and there appears reason to think that he will at no very distant period be found amply successful.—July 20th.

J. B. set. 27, admitted June 12th, from the country. This man was thrown out of a cart and dislocated the ankle joint. A surgeon in the village made attempts to reduce it, but failing, sent him to the hospital. Upon examination, it was found that the lower end of the tibia was broken and displaced; the

perpendicular ligament appeared also to have given way, and most probably the tendon of the peroneus longus. The astragalus was removed from its proper position, and was found occupying a situation on the outside of the foot immediately before and below the end of the fibula, which latter appeared also to have sustained some injury and the fractured portion of the tibia to have been moved into the space left by the astragalus. All attempts at reduction of the luxation have failed, and indeed it seems to be a case where success can seldom be anticipated. There was considerable inflammation and swelling of the joint for several days, which were subdued by leeches and cold applications. The limb was subsequently bandaged and restrained as nearly as possible in the natural position by splints. At first there was great fear of the astragalus forcing itself through the integuments, but at present it appears to be firmly fixed in its novel situation, and the articulation is altogether much better than could have been anticipated.

#### WESTMINSTER HOSPITAL.

Saturday, July 24. Sir Anthony Carlisle performed the operation of hydrocele upon a man aged thirty.

The trocar was introduced into the tumor, which was on the right side, an inch from the raphe, inclining it inwards and a little upwards; about sixteen ounces of a serous fluid were evacuated; floating in it were a

large quantity of very minute particles of a sebaceous substance, having, in the fluid, an appearance similar to the aurum musivum. As the patient objected to it, the scrotum was not injected.

A man aged about sixty was next brought into the operating theatre, who about twelve years ago had suffered the loss of his penis, that organ having sloughed off as far as the pubes, after receiving an accidental bruise. Since that time the urethra had gradually become contracted at its external orifice; and the patient states that he had spent above 400*l.* in ineffectually endeavouring to procure relief, and was at last forced to apply to the hospital.

From the time of his admittance here, attempts to enlarge the urethra had been made, by means of bougies, but without success, although a small catgut one could, with very great difficulty, be introduced. The cicatrix at the mouth of the urethra, was so unyielding as to make it impossible to dilate it, and at last an operation was proposed and consented to, as the only means of giving and procuring an abatement of the suffering, occasioned by the inability to discharge his urine freely.

Mr. LYNN having, after great difficulty, introduced a very small probe, he, with a sharp pointed scalpel, made an incision down upon it through the cicatrix at the mouth of the urethra; and afterwards introduced a bougie which was secured by a piece of string to retain it in its place.

Mr. LYNN also removed a large quantity of fungi from around the anus of a young woman about 22 years of age.

Wednesday, July 28.—Mary Ashton, who was operated on for Hernia, as detailed in our last report, is in a state of rapid convalescence. The omentum which was tied, has sloughed off entirely, and the wound is healing fast by granulations.

The only accidents of importance, at this hospital, since our last report: are, a fractured thigh; and a wound in the knee of a man, across the patella.

#### ST. GEORGE'S HOSPITAL.

Friday July 23.—Mr. BRONIE amputated the thigh of a man with a diseased knee joint.

The operation was conducted in the usual manner, and four arteries required ligatures. On examination of the joint after the operation, the patella was found to be ankylosed with the os femoris in the trochlea, and caries in the cartilages of the joint had commenced.

#### Foreign Department.

##### BIOGRAPHICAL SKETCH OF COTUGNIUS.

This celebrated anatomist was born at Ruvo, on the 29th of December 1736. His father, Michael Cotugnius, was not rich, but he spared nothing in order to give his son a good education. At the age of nine years, Co-

TUGNIUS could speak the Latin tongue with fluency. At the age of eighteen, he contested for the situation of physician to the *Hospital des Incurables*, at Naples, and succeeded in obtaining it. When only twenty years old, the governors of this hospital appointed him to the chair of surgery, which had been once filled by the distinguished MARCUS AURELIUS SEVERIN. In 1761, scarcely twenty-six years of age, COTUGNIUS published his discovery of the aqueducts of the vestibule and cochlea, which are also called the aqueducts of COTUGNIUS, in honour of the anatomist who first discovered them. At this period he also made known to the world that the labyrinth was filled by lymph, and not by air, as anatomists, prior to the time of COTUGNIUS, had always imagined. In this same year (1761) he discovered the naso-palatine nerve. SCARPA discovered this nerve at the same time as COTUGNIUS, or, we believe, rather before him, and therefore the merit of the discovery is generally given to SCARPA, although the investigations of COTUGNIUS were made without his being in the least acquainted with those of the Pavian Professor.

COTUGNIUS will be classed among the most celebrated medical men of Italy; his labours on the ear entitle him to hold the highest rank among anatomists; medicine is indebted to him for a valuable treatise on sciatica; and physics for ideas which may have assisted in the discovery of galvanism; and some of the most distinguished ornaments of the profession in



the South of Europe, owe their success to the benefit they have derived from his instruction.

COTUGNIUS died on the 6th of October 1822, and bequeathed, on his death bed, to the poor of the *Hospice des Incurables*, at Naples, about 100,000 ducats.

### ROYAL ACADEMY OF MEDICINE.

#### *Sitting of the 11th of March.*

M. BECLARD presented to the Academy, in the name of M. M. DUBOIS and BELLIVIER, a foetus which had remained seven years in the womb of the mother. It was contained in a bag situated on the left side of the uterus. It appeared to be transformed into a kind of adipose substance, resembling the fat of dead persons.

#### *Sitting of the 25th of March.*

M. M. RICHARD and JULES CLOQUET exhibited one of the patients from the hospital St. Louis, whose inferior extremities could be lengthened or shortened, when the man liked, to the extent of three or four inches. — From several pathologico-anatomical observations, it was judged that this affection arose from a destruction of the heads of the thigh bones, and from erosion of the parietes of the cotyloid cavities. The patient is fifty years of age, walks with extreme difficulty, but without pain. Whilst resting the body on either limb, it becomes shortened, and the trochanter major touches the crista of the ilium; but when, on the contrary, he raises it, it elongates and returns to its natural size. In the same

patient there are several exostoses in different parts of the pelvis, and numerous large osseous tumours in the substance of the muscles.

M. M. CULLERIER and MAINGAULT, presented to the Academy, ossifications of the arachnoid membrane; which were taken from the body of an insane person. Besides this osseous matter, some of which extended into the sulci between the convolutions of the brain, there were found in the hemispheres of this organ, cysts or encysted scrofulous abscesses, developed in the cerebral substance. During his life, the patient had always a disagreeable smell in the nose. On this point M. DUBOIS related to the meeting, a case nearly similar, in which a man, who several years before his death had received a fall from a horse, also constantly had disagreeable smells in the nose.

#### *To the Editor of the Lancet.*

Sir,—I send you the following singular case of abdominal tumour, which came under my notice a few days ago, for insertion in your valuable publication. I think it necessary to state, that I do this without the knowledge of the physician under whose care the patient was, but I feel confident that he will readily excuse the liberty I have taken.

I am your's, &c.

July 29th, 1824.

W. C.

#### *Singular Case of Abdominal Tumour.*

WILLIAM M., æt. 42, labourer

was admitted into George's ward, St. Thomas's Hospital, June 10th, under the care of Dr. ELLIOTSON, with a swelling in the abdomen, and a sense of general weakness. The patient stated, that about ten days before his admission, he was seized with pain and swelling about the navel, together with sickness at the stomach. In a short time the pain entirely left him, but the swelling continued the same. The swelling was, according to the patient's account, of the same size when it first made its appearance, as at any period afterwards; but this was not the case, for it evidently increased in magnitude after he came to the hospital, and particularly during the last three weeks of his existence. His appetite was bad, countenance pale, and body emaciated. The abdomen was very much enlarged; there was a considerable prominence midway between the umbilicus and scrobicular cordis, the edge of the liver could be distinctly felt, the lower ribs and scrobiculus cordis were pushed forwards, and on the external surface were several veins, which gave the swelling a blueish appearance. No pulsation whatever could be felt in the tumour. The patient experienced so much pain in the loins, from the pressure of the swelling on the lumbar nerves, that he was obliged, in order to get ease, to lie on his knees and elbows. He also complained of great flatulency.

Various remedies were tried, mercury setous in the neighbourhood of the tumour, &c., but all without any good effect; the man gradually sank, and on the

24th of this month (July) he died; the swelling ten days before his death, having very much increased in size.

*Examination of the body.*

On the day after his death the body was examined by Dr. ELLIOTSON, in the presence of three or four pupils, when the following appearances were observed. On making a longitudinal incision through the integuments of the abdomen, it was found that they strongly adhered by means of a firm ligamentous substance, to a tumor which existed in that cavity. After the skin was dissected back, a large tumour presented itself to the view, occupying more than the upper half of the abdomen; having for its boundaries superiorly, the diaphragm, to which it adhered, and which it pressed so much upwards that the size of the chest was considerably diminished; laterally the inferior ribs, and inferiorly the intestines. On examining it more carefully, it was found that this swelling was composed of two parts, the left lobe of the liver forming the anterior and most prominent, and a large cyst the inferior and posterior part. The left lobe of the liver was, throughout its whole substance, in a tuberculated state, and had on its anterior surface several prominences, which were soft and fluctuating to the feel, and were found to be distinct cysts containing soft curd-like matter. The left lobe was so much enlarged, that it formed the whole anterior part of the tumour, and forced the right lobe of the liver behind, so that no portion of it could be

seen, until the left lobe was raised. The next part of the tumour was composed of a large cyst formed of thickened peritoneum, covered anteriorly by the posterior surface of the left lobe of the liver, and containing a large quantity of dark coagulated blood, and a little cheesy matter. This cyst was firmly connected to the duodenum inferiorly, and the stomach on the left side. Externally it was of a red and blue colour, being red in some parts and blue in others. On the upper part of its internal surface, there was a deposit of thick coagulable lymph. The tumour was now removed, in order to ascertain its weight and dimensions. The whole mass (comprising the liver and cyst) weighed 16lb and a  $\frac{1}{4}$  avoirdupois.\* The larger circumference of the tumour measured about 18 inches, the smaller circumference 12. The right lobe of the liver was rather smaller than natural, the external surface uneven, and covered with tubercles, which were in their incipient state. It was of a dark brown colour, and of a firm consistence throughout. The vena cava inferior, and abdominal aorta, were carefully traced: the vena cava was not compressed, nor was the aorta ruptured in any part of its course. With the exception of the kidneys, spleen, and pancreas, none of the abdominal viscera had preserved their natural colour; the intestines, bladder, and stomach, being

\* The dimensions of the tumour were taken at the time of the examination, by means of a piece of string which was afterwards lost; therefore I am obliged to guess the circumference.

of a greenish purple colour. There was a slight effusion of dark coloured fluid into the cavity of the abdomen, and at the upper part of the left lobe of the liver, there was some coagulated blood, which was surrounding one of the cysts that had given way. The peritoneum all over was as diversified in its colour as the intestines.

The chest was very much contracted from the pressure of the tumour; the lungs were healthy, excepting at the lower part, where they adhered to the diaphragm. The heart was small; and on the external surface of the right and left ventricles, there was a kind of gelatinous substance, which on minute examination appeared to be composed of hydatids..

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#### *To the Editor of The Lancet.*

SIR,—In your last number, a student complains, and I doubt not very justly, of the surgeons of one of the hospitals neglecting the fulfilment of their bounden duty, in omitting to communicate to the pupils, whose money they had received, that information which the students had a just right to expect. Now, Sir, this is a complaint which I have too often had cause to make myself; and have heard other pupils do the same. Many a time, have I seen a vigilant young man, all eye and all ear, to get a sight of the different cases, and to catch any observation that a surgeon might make on going from one patient to another through the different wards. But the hurried pass from bed to bed

—the often superficial examination of the patient—and the absence of all comments on the respective cases, however interesting some of them might be, have been such, that the student has come out of the ward just as wise as he went in. I have seen pupils anxiously listening at the bed side for something that might be said, and, in the moment of disappointment, as anxiously enquiring of each other what the case really was, but without being able to gain the slightest satisfactory information. Indeed, it often happens that some of the pupils cannot even get a sight of the patient. But is such a practice on the part of the surgeons just? Ought they to be perfectly indifferent whether the students obtain the information they pay for, or not? Does not every examination at the College imply at least the contrary? What does a young man enter at an Hospital for? Is it to obtain information, or is it merely to walk into the wards and then to walk out again? It is not expected that a surgeon will stop and give a lecture over every patient. But why is not some regulation adopted, by which all the students, in succession, may have a sight of the patient, and a good view of every local case which happens to be an external and visible one? Why are they not more frequently made acquainted with the name\*, and real nature of the disease; its history (so far as it can be collected from the patient), the means adopted for

the cure, and the reasons why such remedies are chosen? Why, in short, are not observations of *practical* importance, more commonly made in the presence of the students, for their individual advantage? We should not then hear some of the pupils say, "*There is nothing to be learnt here!*" and others, "*We must catch what we can.*"

Upon the whole, it must be manifest to every reflecting mind, that some sort of reform is wanting; a little more sterling bedside instruction in exchange for that culpable silence and reserve which is now so common. I must not, however, confine my complaints to the surgeons only. I have heard also repeatedly, the same kind of dissatisfaction expressed by Students, in regard to Hospital Physicians, that they bestow little or no pains in giving instruction to their pupils while passing through the wards.

I rely on your impartiality, and am convinced of your desire to assist the medical student in the important acquisition of that knowledge, which is necessary to enable him to practice with credit to himself, and satisfaction to his patients,

I am Sir,

Yours respectfully,

A STUDENT

OF ANOTHER HOSPITAL.

July 23. 1824.

#### TALIACOTION OPERATION.

This operation has been performed three times in Europe within the last twelve months, by Mr. DAVIS and Mr. TRAVERS, in London, and Professor

\* In some Hospitals, the name of the disease is specified on the card affixed to the patients' bed: in others, not. It ought to be the case in all.

DELPECH, at Montpellier. We are happy to state that two of these operations were successful, viz. those of Mr. DAVIS and Professor DELPECH.

**HYDROPHOBIA.**—We regret that in none of the numerous instances of hydrophobia which have lately occurred in this country, has the plan so strenuously recommended by M. MAGENNIE, (injection of water into the veins) been tried. The ordinary remedies, such as blood-letting, opium, &c. so seldom afford any relief in this dreadful disease, that we are surprised that a mode of treatment so simple as M. MAGENNIE'S, and which holds out a chance of cure has not received a fair and impartial trial. From the publicity which M. MAGENNIE'S case received, there can scarcely be a professional man in the country who is not acquainted with it, and we therefore entreat medical men to try the injection of water into the veins in any case of hydrophobia which may come under their notice. Some blood ought to be abstracted from the arm previously to the injection of the water, and the water should be injected in a luke warm state.

## LITERARY INTELLIGENCE.

In the Press, a treatise on the necessity of attending to the secretions, particularly the *Arguro-poietic* Secretion, in all complaints; by JOHN PEARSON, WILLIAM LAWRENCE, and BENJAMIN TRAVERS, Esqs. Surgeons.

## NAVAL PROMOTIONS.

A. Courtney and T. Thompson, Isis; George Henry Dabbs (assistant) Jasper; James Veitch (assistant), Robert M'Farlane (acting), Liffey; L. M'Kay, Maidstone; Charles Mortimer (assistant), Martin; H. Brock, and John Robertson (assistant), Meteor; Henry Fowsey, Nympha; W. W. Peacock (assistant), Nympha; Charles Henderson, Orleans; Frederick C. (assistant), Orleans; James Prior, *Perseus* receiving ship; James Osmond, *Philomela*; James Carruthers, and William Dickson (assistant), *Pylades*; Rowland Griffiths and A. M'Arthur, *Ramillies*; Archibald Johnson (assistant), *Redwing*; T. Dunn (assistant), *Sappho*; A. Small (acting), *Satellite*; Benjamin Dickson (acting), and Alexander Linton (assistant), *Semphis*; Isaac Noot and R. Wilson (assistant), *Seringapatam*; John Riddell (assistant), *Spartiate*; William Anderson, *Starling*; Thomas Gibson (assistant), *Superb*; John Vallence (assistant), *Terror*; John Macintyre and William Marshall, *Victory*; F. M'B. Chavers, and Alexander Baird and William Peattie (assistant), *Wellesley*.

## MARRIED.

On the 28th inst. at Camberwell, Mr. John Browne, Surgeon of that place, to Sarah Anne, eldest daughter of the late Richard Cookes, Esq. of Rush Hill.

# THE LANCET.

VOL. IV.—No. 6.] LONDON, SATURDAY, AUGUST 7, 1854. [Price 6d.]

## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

### LECTURE 69.

#### *Dislocations.*

Gentlemen, before considering the particular dislocations, I shall make some general remarks on these accidents.

A dislocation is the removal of the articulating portion of a bone from that surface to which it is naturally connected. A limb when dislocated is generally rendered shorter than before, but there are two dislocations in which the limb is lengthened, as in the dislocation of the femur into the foramen ovale, and the dislocation of the humerus into the axilla. The axis of the limb is altered, and it becomes unnaturally fixed. In the first moments, however, of the dislocation, considerable motion remains, and the position is not so determinately fixed as it afterwards becomes. The motion of the joint is lost, flexion and extension are entirely al-

lowed, but rotation completely prevented. There is dull confused sensation in the part, but if the head of the humerus be thrown into the axilla the pain is very severe, and sensation is lost in the fingers, from the pressure on the axillary plexus. If the head of the femur be thrown into the acetabular notch, the pressure of the bone on the nerves there, occasions great pain and numbness of the lower extremity. There is a slight crepitation when dislocations have only occurred for a day or two, which is owing to the escape of synovia from the joint into the surrounding cellular membrane; this becomes thickened by the absorption of the more fluid part, and crackles under motion; a circumstance which every practitioner should be aware of, as this is often mistaken for fracture, but it does not give that peculiar grating feel which the extremities of the fractured bones produce. There is very great swelling produced by the extravasation

of blood into the cellular tissue, but the tension arises secondly from inflammation. In the early days of the accident these circumstances render the deciding on the absolute nature of the injury difficult, and that difficulty is increased exactly in proportion to the time that has been allowed to elapse after the accident. When, therefore, the swelling has subsided, the muscles are wasted, and the motions of the limb impeded in a particular direction, and the head of the bone can be distinctly felt; it would be both illiberal and unjust to throw out any insinuations tending to the prejudice of an individual, who might have given a different opinion under circumstances so much more unfavourable for forming a correct conclusion. The blood vessels sometimes sustain great injury in dislocations. In a case where the dislocation of the clavicle, at its sternal end, occurred backwards, the subclavian artery was so much injured, that the pulsation at the wrist was stopped, and the circulation carried on by the anastomosing vessels. In another case also, the brachial artery suffered so much, that it was necessary to tie the subclavian. On dissection of

those who die from dislocations arising from violence, it is found that the capsular ligament is torn transversely to a great extent, and the peculiar ligaments of the joint are ruptured. In dislocation of the hip, the ligamentum teres, I believe, is always ruptured; frequently a piece of the cartilage is separated with it, sometimes even portions of the bone. In dislocations of the os humeri, the tendon of the biceps remains uninjured, in the cases which I have hitherto seen; but the muscles and tendons connected to the joint are very much injured, especially the subscapularis. Whenever the thigh bone is dislocated into the foramen ovale, the fibres of the pectinalis are torn, and those of the adductor are very much injured. There is generally great extravasation, and sometimes matter forms in four or five days. But the most curious cases are those in which the nature of the accident has not been detected. The head of the bone becomes much altered in figure, and this alteration is very much influenced by the structure on which it presses, whether on bone or on muscles. Changes likewise take place in the soft parts, new capsular ligaments of condensed cellular tissue are formed by the pressure,

the tendons of the muscles, which were torn through, become united, and the muscles accommodate their action to their new axes, and the limb is thus permanently fixed. This account shows the folly of attempting to reduce a dislocation after a long time has elapsed. Even in one case where the dislocation of the humerus had only existed six weeks, the fibres and tendons of the subscapularis and teres minor were torn through in attempting to reduce it, and caused the death of the patient.—Although dislocations generally arise from violence, and are accompanied by laceration of the ligaments of the joint, yet they sometimes happen from *relaxation* of ligaments only. This is especially likely to occur where there has been an abundance of synovia secreted, which must have the effect of distending the capsule, thereby weakening the articulation. The patella is sometimes dislocated from this cause. If *muscles* are put and kept long upon the *stretch*, their power of contraction is in a great measure lost; or if from paralysis they lose their action, a bone may be easily dislocated and reduced as quickly. A person had his arm kept power-

fully upon the stretch for an hour, by way of punishment, whilst on board a ship in the East Indies, and he could luxate and reduce his shoulder at pleasure.—Dislocations frequently arise from *ulceration* of the joints, by which the ligaments are detached, and the bones become altered in their relation to each other, this frequently happens in the hip. There is a preparation in the Museum, of the knee dislocated by ulceration, and ankylosed at right angles with the femur. Dislocations are sometimes *accompanied with fracture*. At the ankle joint a dislocation seldom occurs without fracture of the fibula. Sometimes the acetabulum is broken in dislocations of the hip-joint. When a bone is both fractured and dislocated, it is best to reduce the dislocation, without loss of time, taking care that the fractured part be strongly bandaged in splints, to prevent any injury being done to the muscles; for if this be not done at first it cannot afterwards, without, in all probability, disuniting the fracture. *Dislocations* are sometimes *partial*, at other times complete. The ankle is often partially dislocated, resting partly on the astragalus, and



in part on the os naviculare.— The os humeri is sometimes thrown forwards against the coracoid process, resting on the edge of the glenoid cavity. Young persons, and persons advanced in life, have more frequently fractures than dislocations. I have known a dislocation of the hip-joint occur in a child nine years old; but these accidents are very rare; what are generally described as cases of dislocation arise usually from ulceration, as I explained to you when speaking of disease in the hip-joint. A *Compound Dislocation* is that in which the articulating surfaces are not only displaced, but in which there is also a division of the integuments and capsular ligament, by which the cavity of the joint is laid open. It is generally attended with some danger from the inflammation of the lacerated ligament and synovial membrane which speedily succeeds; this is soon followed by suppuration, and granulations arise from the surface of the secreting membrane. But I should say that it was a very serious injury, or otherwise, according to the treatment which it receives. It was the practice formerly to

poultice, but this is now laid aside, as it produced a train of bad symptoms, and seldom terminated favourably. After reducing the dislocation, bring the integuments closely together by adhesive plasters, and let the joint remain undisturbed for several days, and it is probable that adhesion will take place. If there should be great difficulty in reducing the dislocation, as, for example in the ankle, it is better to saw off the protruded portion of bone, especially when there is great spasmodic action of the muscles; the bone afterwards granulates, and if passive motion be used in proper time, a very useful joint may be restored. The elbow is not likely to do so well in this case as the ankle; but I shall say more on this subject when I am speaking of the particular dislocations. The *difficulty* in reducing a dislocation is in proportion to the *time* which has been allowed to elapse after the accident. In recent cases, it is easily effected, but if it has happened a few days, or at most a few weeks, it is reduced with great difficulty. Still, however, difficulties arise from other causes, which we shall presently mention. If the muscular power be

very great, the exertion necessary to reduce the dislocation must be very great also. In such a subject the reduction of the humerus ought never to be attempted after three months, but if the patient be less muscular, four months should be the utmost limit. In the dislocation of the thigh two months may be fixed on as the time, beyond which it would be wrong to make any attempt, except in a person of very relaxed fibre, when a little more time may be allowed. In these cases, when it has been said the dislocations have been reduced a long time after the accident, the patient has never been able to use the joint extensively. Difficulties likewise arise from the *head of the bone* catching against the articulating cavity, as in the dislocation of the thigh bone into the foramen ovale, and ischiatic notch, where it is necessary to raise the head before it can be returned; or where the head of the bone is larger than its cervix, as in dislocations of the radius, it was thought that the opening in the *capsular ligament* was too small, and therefore impeded the return of the bone; but such persons must have forgotten that ligaments are inelastic, and

as the opening in it was sufficiently large to allow the head of the bone to pass out, so it must also allow it to be returned through the same aperture. The *peculiar* ligaments of joints sometimes prevent the reduction of dislocations, as in the knee, where the bone should be moved in such a direction as to relieve that ligament which remains entire. The ligaments of the ankle joint are of extraordinary strength, and the bones of this joint will often rather break than their ligaments give way. The *muscles* form the principal obstacle to the reduction; the rigid involuntary contraction of the muscles is immense, and this power is proportioned to the length of time which has elapsed after the injury: it continues even sometime after death. This power is to be overcome by general relaxation effected by constitutional remedies; and by gentle, but continued force. Hence the great advantage of considering the power and direction of the larger muscles previous to making any attempts at reduction. The most powerful mechanical means would fail, unaided by constitutional remedies. The constitutional means to be em-

ployed for the purpose of reduction, are those which produce a tendency to syncope, and this necessary state may be best induced by one or other of the following means: by nausea, bleeding, or the warm bath. Of these I consider bleeding as the most powerful; but in recent cases it is not required. That the effect may be produced as quickly as possible, the blood should be drawn from a large orifice, and the patient kept in the erect position, for by this mode of depletion syncope is produced before so large a quantity of blood as might injure the patient is lost. Where the warm bath is thought preferable, it should be employed at the temperature of 100 to 110, and as the object is to produce fainting, he should be kept in until this is effected, then immediately wrapt in a blanket and the mechanical power applied. It may also be accomplished by giving nauseating doses of tartarized antimony, as a quarter or half of a grain every five minutes; and a good proof of the effect of nausea is, the man's being unable to lift his hand on a level with his shoulder. As its action is uncertain, it is better to use it, for the pur-

pose of keeping up the nausea already produced by the two preceding measures. Another mode of relaxing the muscular power is, by making the patient support a weight with the dislocated arm. The reduction of the bone is to be attempted, after lessening the powers of the muscles by fixing one bone and drawing the other towards its socket. The force should be gradually applied, and it is in this way only that that state of fatigue and relaxation are produced which are sure to follow continued extension, and not attempt at once to overpower the action of the muscles.—Great attention should be paid to the fixing of that bone in which the socket is placed. If, for example, in attempting to reduce a dislocation of the shoulder, the scapula be held by one person, and two pull at the arm, the scapula is necessarily drawn with the humerus, and the extension is very imperfectly made. The most effectual mode of tiring the muscular power is by the pulleys, which have this advantage over extension made by assistants, that your force is gentle and continued, and may be gradually increased, whereas the exertions

of assistants, are sudden, violent, and often ill-directed, and such force is more likely to produce a tearing of the parts, than to restore the bone to its former situation. First pass a wetted roller round the limb, and over this, buckle on the leather with the rings to which the pulleys are to be fixed. Having fixed them on, draw the cord very gently, until you feel the muscles making some resistance, then rest two or three minutes and extend again; and so on until you see the muscles beginning to quiver, and by a little further extension they will be overcome, and the bone easily slips into the socket. Sometimes the bone goes into the joint without producing any noise; therefore care should be taken that the extension be not kept up too long. It is not necessary in recent dislocations, to use pulleys, excepting those of the thigh, in which they should always be used; and they should be used also in dislocations of the shoulder, which have remained long unreduced. The best place to fix the pulleys, is on the bone to be reduced. The part from which the bone was dislocated must be well secured, as without the aid of bandages,

the bone will not remain in its situation until the muscles surrounding the joint recover their action. After the reduction, rest is necessary for some time, to allow the ruptured ligaments to unite, which would be prevented by exercise. Rest is the principal thing to be attended to, and guard against an excess of inflammatory action in the joint and neighbouring parts, by an evaporating lotion, as the white wash, and by the application of leeches if necessary.

I shall now speak of *Dislocations of the Spine*, or of those accidents that are usually considered such. If dislocation of the spine do ever happen, it is a very rare accident, and I have never met with a case of it.—Still it is possible that dislocation of the cervical vertebrae might happen as the articulating processes are more oblique in them than in the other vertebrae. Dislocations of the spine seldom occur without a fracture of the articulating processes, or of the arches of the vertebrae. Whenever fracture happens, displacement is generally the immediate result, and the spinal marrow becomes compressed by the arches of the

vertebræ. When the cervical and dorsal vertebræ are fractured, the spinal marrow is generally torn, but in the lumbar vertebræ the medulla spinalis becomes firmer, and is not so easily lacerated. The symptoms produced by pressure on the spinal marrow, are a loss of sensibility and of motion in the parts supplied from that portion of the medulla below the accident. The extent of the effects of the injury must therefore depend on its approximation to the brain. If the upper vertebræ be injured, sensation is lost in the upper extremities; if the dorsal vertebræ, or upper lumbar, the lower extremities become insensible, and if the lumbar be injured, the feces pass involuntary, and the urine is retained: these phenomena may be accounted for in this way; the nerves of volition supplying the sphincter ani are injured, and the power of retention is lost, whilst the involuntary peristaltic action of the intestines continues; the nerves supplying the acceleratores urinæ being in part derived from the cauda equina have their functions destroyed, the will has no influence on the bladder, and the evacuation of the urine is prevented, being

opposed by the elasticity of the urethra. When the patient becomes very weak, and is almost dying, the urine passes away in stillicidio, from the elasticity of the urethra being diminished. Persons live sometimes three or four weeks after the accident; but in a case or two that I can recollect they lived between three and four months. One man recovered so far that he could change his place in bed, and dress himself, but he never recovered the use of the lower extremities. When the injury has been received on the dorsal, the intestines are very much distended with air, and the functions of the abdominal viscera are very much disturbed. A person having a fracture of the *dorsal* vertebræ commonly lives about a fortnight or three weeks. One gentleman lived rather more than nine months after the accident. But the time you may expect your patient to live will depend very much whether the injury is near or distant from the cervical vertebræ—whether the displacement is slight or otherwise, and upon the degree of injury the spinal marrow has sustained. If the *cervical* vertebræ be broken, death soon follows. Paralysis of the upper

extremities is sure to be the result, and also of the lower parts of the body, but this paralysis is not complete. The fourth and fifth cervical are most commonly fractured; the intercostal muscles are paralysed, respiration is very difficult, and wholly performed by the diaphragm, and the patient dies sometimes in about thirty hours, but generally from 3 to 7 days. The abdomen is also distended from flatulency as when the dorsal vertebræ have been injured. The other symptoms are the same as in fractures below the cervical as regards the lower extremities, the bladder and the sphincter ani. If any of the cervical vertebræ be broken above the fourth, death is immediately the result; the phrenic nerve is paralysed, and the action of the diaphragm consequently suspended, and respiration can be no longer performed. *Fractures* sometimes occur *without displacement*, and by admitting of unnatural positions of the spinal column produce symptoms of irritation, and sometimes by allowing pressure cause death. This fracture (*shewing a preparation*) without displacement, happened in a child who lived nearly twelve months after the accident; he

was obliged to walk very carefully, and to support his head with his hand when he wished to turn towards any particular object. On dissection it was found that the atlas was broken through, and that the *processus dentatus* of the second cervical vertebra had so far lost its support, that under the different inclinations of the head, great care was necessary to prevent its pressing on the spinal marrow. Sometimes portions of the spinous-processes are broken off, but these affect the spinal marrow in no other way, than that the blow necessary to accomplish the one usually produces a concussion of the other. *Extravasation* sometimes takes place into the spinal canal from very severe blows upon the vertebræ, and if in any considerable quantity, produces the usual symptoms of compression. From the cause just mentioned, the spinal marrow is also liable to *concussion*. The lower extremities become paralytic in a degree proportioned to the violence of the injury. The patient lies in great pain, and unable to raise himself: if you desire him to draw his thighs towards his abdomen, he does so with great difficulty. A case of this kind

was brought into the other hospital; he was cupped repeatedly in the loins, and afterwards had a blister applied which was kept open by *ungt. sabinae*, his bowels kept open with *calomel* and other purgatives, and stimulating liniment applied daily on the lower extremities. In six weeks the motion and sensation of his legs had almost returned, and he completely recovered at the end of ten weeks. In one case of concussion it was found on dissection, that the spinal marrow was lacerated, and the person died with paralysis in the lower extremities and abdomen. It was found in an experiment which Mr. CLINE made on the spinal marrow of a dog, that it re-united after dividing it, by pressure. Mr. H. CLINE was the first man who took a scientific view of fractures of the vertebrae, attended with displacement. He proposed removing the arch of the displaced vertebra by HEY's saw. He performed the operation once, but not successfully, and he had not an opportunity of repeating it. Mr. TYRRELL very lately performed the same operation; he made an incision on the depressed bone, as the patient was lying on his chest, and removed the

arch; the patient lived three weeks afterwards. On dissection there was extensive peritoneal inflammation found, but arising from what cause it is difficult to say. There is no reason why the operation should not be performed. It is not difficult; it gives no pain, and the patient cannot recover unless it be tried; it gives him therefore the best possible chance. There is a greater probability of recovery in the lumbar, than when the injury is received in the dorsal vertebrae.

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## HOSPITAL REPORTS.

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### GUY'S HOSPITAL.

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#### *Case of Gunshot Wound which terminated fatally.*

James D. aged 29, patrol, was admitted into Accident Ward of this Hospital, July 21st, under the care of Mr. KEY, with a wound of the left thigh. The wound was inflicted in the following manner; whilst the man was drawing a pistol, which was loaded with slugs, from his belt on the right side, the pistol went off, and lodged the contents in the superior and anterior part of the left thigh. Profuse hemorrhage took place, and the patient states that he lost two quarts of blood, which perhaps is rather more than he actually lost, and

that it was quite black. The blood flowed in one continued stream. The wound was situated between the rectus and sartorius, extended nearly five inches in length and three in breadth, and the upper half of the sartorius was nearly laid bare. Some slugs had been extracted before he came to the hospital, and at the time of his admission the pulse was a hundred and full. Poultices were ordered at first, but afterwards Mr. KEY directed that the oleum terebinthinæ should be put to the part warm.

July 22d.—Slept a little during the night, but feels in considerable pain to-day. The pulse is 96 and soft, and tongue rather furred. Has had no motion since the accident, nor for two days before. Is unable to pass his urine, which is obliged to be drawn off for him. *Infus. Ros. ʒviij. Sulph. Mag. ʒss. M. fiat. mistura cujus rumat cochlearia ij ter die. Turpentine* to the wound, which exhibits a sloughing disposition; and poultice over it. Saturnine lotion to the inflamed integuments.

26th.—Little variation since the last report. Has the desire to void the urine, but not the power, and the water continues to be drawn off for him. Bowels not open without castor oil. In no particular pain, nor has he any febrile symptom, with the exception of his pulse, which is rather full and quick, 108: *Tinct. Opii. gut. xxv, hora somni.*

27th.—Says that he feels better. His pulse is much reduced both in fulness and velocity, being 92 and small. Tongue

white. Urine drawn off twice every day. Had three copious motions yesterday, after some castor oil, which relieved him considerably. *Oleum Terebinthinæ* discontinued to the wound. Port wine was ordered for the patient yesterday afternoon.

28th.—Pulse 112 very small. Tongue more furred; in no pain.

30th.—Pulse 120 very small; skin cold, tongue white. Rests very badly; takes the castor oil to regulate his bowels. Feels a little soreness in the thighs. Passed his urine yesterday and to-day without the catheter. Wine ordered to be continued; light bread poultice over the wound, and a worsted stocking on the leg.

31st.—About 7 o'clock last evening hemorrhage took place from the wound at the lower part, and continued for five minutes, when Mr. Sturges jun arrived, and applied to the part, and pressure by means of the hand. The blood lost was considerable; it made its way through the bed, and stained the floor. The man fainted; his face and extremities became cold, and the pulse small and weak. To-day, he says, that there is pain in the limb, which is somewhat swollen. The respiration is slow and deep, but the pulse 132 and small. Continues to take his wine, but cannot take porter on account of its causing sickness and vomiting.

6 P. M. Wine makes him sick; brandy and water instead. Pulse very small, heart's action rather strong and labouring. Is very composed and in a comfortable sleep, but from his ap-



pearance the man is evidently sinking. The bowels were open three times in the night, and as many times in the day. Has complained of pain in no part but the thigh.

August 1. Died this morning between eight and nine.

The limb was examined on the following day by Mr. KEY. There was great swelling of the limb, and effusion under the integuments, together with considerable sinusses between the vastus internus and rectus. The wound presented a large sloughing surface, with the sartorius muscle crossing the middle of it, and extended nearly half way down the thigh. Below the wound there was great discoloration of the integuments; the muscles in the neighbourhood of the injury were great, and could be easily torn by the finger. The leg was also swollen. The femoral artery was removed, and examined on the following day; it was wounded just at the point where it passes under the sartorius.

The other parts of the body were not inspected.

No operations have been performed here this week, and the principal accidents are a fracture of the ilium, and neck of the thigh bone.

(Other cases to be continued next week.)

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURES.

July 28.—The lecture this day chiefly consisted in demonstrating the operations for artificial pupil on the sheep's eye, and in describing the different operations for their performance, but the throng round the lecturer's table was so great, that the remarks were scarcely audible beyond it.

August 1th. A larger number of students than usual assembled to-day, in the female operating theatre, and at twelve o'clock, Mr. TYRRELL entered the room and addressed the class to the following effect.

Gentlemen, I shall occupy your time this morning in speaking of the history and treatment of gonorrhœa, of its consequences, and the treatment required for their cure.

#### *Gonorrhœa.*

Gonorrhœa, as most other inflammations, may be either acute or chronic; it may appear either in the acute or chronic form, and it is not at all necessary that it should be acute at the onset. When gonorrhœa first makes its appearance, the symptoms are, as I doubt not you all well know, an itching and tingling sensation at the extremity of the penis, together with some degree of pain just opposite to the frænum. There are also slight swelling and redness of the meatus, a smarting in passing the urine called *ardor urinae*, and at night painful erections of the penis, which is somewhat curved. The discharge is

yellow or green, (I am speaking of the acute form of this complaint) and when the inflammation is considerable, there is pain extending from the glans along the urethra to the perineum, a frequent desire to void the urine, chordee and hemorrhage. Gonorrhœa is always produced by contagion; I believe that this complaint when acute never arises spontaneously. I will just enumerate the consequences of gonorrhœa at present, but will treat of them by and by; they are bubo, excoriations, irritable bladder, hernia humoralis or swelled testicle, gonorrhœal ophthalmia and gleet.

#### *Treatment of Gonorrhœa.*

In my own practice I never use stimulants or astringents in the early period of gonorrhœa, that is, if there is ardor urinæ, frequent desire to make water, or pain in the penis and perineum; the plan I pursue is as follows. If the symptoms are very severe, I bleed generally, this is however very rarely required, and freely open the bowels; the best cathartic I know of, is the common one used in these hospitals, compound extract of colocynth and calomel; and these should be followed by saline purgatives.— If there is chordee, I use opium internally, and to the part itself, and sometimes apply leeches. I object to the use of cold in the early and acute stages of gonorrhœa, on account of its liability to produce a sudden stoppage of the discharge, for then you would probably have hernia humoralis, a disease of a more troublesome nature than the gonorrhœa itself. In the acute stage, it is of the ut-

most importance to enjoin the patient to keep the recumbent posture, with the penis and testes well supported. If the patient is in a situation of life so that he can remain at rest without any serious inconvenience to himself, it will tend materially to cut short the progress of the complaint, and to abate the violence of the symptoms which are usually severe in the commencement of gonorrhœa; if from any cause, such as fear of discovery by his parents, &c. he cannot do this, be very particular in recommending him to abstain from all violent exercise and excesses of any kind. In cases where these directions have been attended to, I have always succeeded in curing a gonorrhœa at the end of a fortnight from its first appearance, but where they have been neglected, I have seen the complaint exist for weeks, months, and almost years. The way in which rest is of so much service to a patient labouring under the acute stage of gonorrhœa, is by acting as a direct sedative; exercise, on the contrary, keeps up irritation, which already exists, and thus adds fuel to the fire. The diet should be attended to; the patient should be kept on a low diet, and he should not take animal food whilst the symptoms are severe, nor on any account indulge in the use of wine or any spirituous drinks. When the severity of the complaint has subsided, and the discharge become of a light colour, I begin with the copaiba, and after the inflammatory stage has passed away, I never use any other remedy, for I have

seldom found it fail. I have tried cubebs extensively, but the result of my experience is, that it is in no respect a better medicine than the copaiba, and when you consider the quantity of cubebs necessary to be taken before any effect is produced, I think that it will be an additional argument in favour of the copaiba. Before the copaiba is given, the bowels should be freely opened, else sickness and nausea will come on. When I first came to these hospitals, nay, even till very lately, the copaiba was given clean, in a little peppermint water; few persons, particularly females, can take it in this way, for among eight or ten who take it, six or seven are made sick, therefore I now use a form which agrees with most stomachs, the copaiba mixture; copaiba, subcarbonate of potash, and mucilage; few complain of this making them sick. I think that the copaiba does not produce the desired effect on account of its being given in too small doses; half a drachm and even a drachm may be exhibited at a time. The bowels should be kept open during the use of the copaiba, by a solution of sulphate of magnesia, or what I use in private practice, sedlitz powders. Although I am fond of the copaiba, and think it a highly efficient remedy in the cure of gonorrhœa, it is of the utmost importance that the precise time at which its exhibition becomes proper should be distinctly known; copaiba is improper in the acute stage of the complaint, for then it may produce an affection of the tes-

ticle, and other complaints much worse than the gonorrhœa itself. But give it when the inflammation has subsided, and you will find it in general answer the purpose. When the copaiba does not stop the discharge, (which is very seldom the case) slightly astringent injections may be employed; if their use can be dispensed with, it will be better, for although they may be exceedingly weak, they are apt sometimes to produce hernia humoralis. The injections I prefer are those containing *alum, zinc, or nitrate of silver*. These are the injections I have found most beneficial in similar affections of the conjunctiva, that is, when there is a copious discharge from it; and considering that this membrane closely resembles the lining membrane of the urethra, I in consequence employ them in gonorrhœa when injections are necessary.

I before mentioned that gonorrhœa may occur in the chronic form, especially when a person has had it several times before. The fifth or sixth clap is not unfrequently of a very mild character, and as I stated at the commencement, is chronic from the very onset, that is, it is attended with all those symptoms which characterize a gonorrhœa of long standing. In this form of gonorrhœa there is no ardor urina, no chordee, and a very light coloured discharge. The treatment here is very different from that necessary to be adopted in the acute stage. 1st, depletion will not be required; and 2dly, the patient will not be restricted as to what he may eat and drink, on the contrary;

if he has been in the habit of taking spirits, he should not be deprived of them. A few weeks ago I was requested to see a gentleman in the neighbourhood of the hospital, who had been for some considerable time labouring under a copious discharge, which varied very much according to the weather, and other causes to which he was exposed. He had taken *copaiba* and *cubeba*, without deriving any benefit. On inquiring into his former customs, I found he had been accustomed to take one or two glasses of 'stiff grog' every night at bed-time which he had recently omitted, on account of his complaint. I advised him, however, to have recourse to his old practice, but to take gin in preference to any other spirit; this he did, and at the end of a week, with the use of the *copaiba* which had before proved ineffectual, he perfectly recovered. In this case the *copaiba* of itself was not sufficient, but with the addition of stimulus, to which he had been accustomed, the patient speedily recovered. Chronic discharge from the urethra may occur without infection, in the same way as discharge from the vagina and urethra in scrofulous children arise, and yields to those means which improve the general health. The consequences of a chronic gonorrhœa are gleet and stricture, which is frequently connected with enlargement of the testicle. In few women is the discharge called gonorrhœa, decidedly of that character, it is most frequently a morbid vaginal discharge, and may be cured by

astringents, without the use of *copaiba*. A case of this kind is at present in Ann's ward of this hospital. On a former occasion I related the history of the patient to you, and made some remarks on it, and one similar to it. The girl in Ann's ward has a vaginal discharge, which came on a short time after connexion, but it does not appear to be a consequence of it. She has taken *copaiba*, and other things, under the supposition that it was of a gonorrhœal character, but they afforded no relief, and at present astringent injections up the vagina, and constitutional remedies are employed, under the use of which she is rapidly recovering.

#### *Bubo.*

Buboes, occurring during a clap, are sympathetic, and not produced by the absorption of matter. In the wards of this hospital you have frequent opportunities of seeing the benefit derived from the application of blisters to buboes. I do not say that if there is great discoloration of the skin and evident fluctuation, that blisters will then be of much service (although even in this state I have seen them of use), but when the gland is in a hardened state, before the skin becomes changed in colour, and the formation of matter has taken place, blisters, or even one, will generally be sufficient to disperse the complaint. If matter has formed in the glands, and this can be readily detected by the fluctuation, I would recommend you, as in glandular enlargements in the neck, to make an early

opening, and to extend it the whole length of the abscess. If the abscess be not laid open its whole extent, it is difficult to promote the healing, and sinusses will be produced, which must be treated in the manner I laid down when speaking of sinuous ulcers.

Excoriations are very common in women, and they come on after the discharge, which is a test for distinguishing them from chancres. They arise from want of cleanliness and a debilitated state of constitution.—They are frequently of considerable extent, painful, and there is a copious secretion from them like the discharge from the urethra. If they be mild, lotions of zinc, with the addition of mucilage, which form an artificial coating, will cause them to disappear. I have seen blue ointment applied to them which only increased the complaint, whereas tepid water will sometimes remove them. The distinguishing marks of these from chancres are, that they occur after the discharge has made its appearance, that they are attended with a copious secretion as in gonorrhœa, and that they have seldom the hardened base which chancres have. I do not wish to confound these with excoriations arising from connexion, they are two distinct affections.

The next consequence of gonorrhœa to which I shall direct your attention is

#### *Irritable Bladder.*

In irritable bladder the inflammation extends along the urethra, there is pain in the perineum and above the pubis,

some degree of stranguary, and blood in the urine, which is loaded with mucus. You must give the patient alkaline medicines combined with opium, and a convenient form is the liquor potassæ with opium. Ten or fifteen drops of the *solution of potash*, with five drops of the *tincture of opium* should be given four or five times a-day. Mucilaginous drinks are recommended in this complaint, but I don't know whether they are of service. I doubt their doing much good. The character of the urine should be ascertained by test paper, which you should have for that purpose, for if it be acidulous, alkalis should be given; and, on the contrary, if alkaliescent, the mineral acids will be necessary. Leeches to the perineum are of service, and cupping in the loins, which it would be difficult to account for in theory, is a most powerful remedy in this complaint; ten or twelve ounces of blood, or more if necessary, should be abstracted at a time. Warm bath, fomentations above the pubis, and particularly opiate injections per anum are found to allay the irritation of the bladder. Purgatives should be exhibited, but not the saline medicines; the bowels should be kept freely open by castor oil. The remedies then that you are to employ in irritable bladder are, *calomel* and *opium*, cupping in the loins, diluents, the recumbent position, the hip-bath, or the immersion of the whole body.

The next consequence of gonorrhœa of which I shall speak is,

*Hernia Humoralis.*

This complaint is an inflammation of the testicle, arising from gonorrhœa, and is quite different from that arising from accident. In hernia humoralis, the posterior part is always attacked, as the epididymis and vas deferens; there is pain in the course of the vas deferens, for I never saw a case without it. The complaint is supposed to be a continuation of the disease from the urethra to the testes, and is said to be owing to the sudden stoppage of the discharge, but I should be inclined to suppose this last circumstance rather as a consequence, than a cause, and that the inflammation attacking the vas deferens, and lower part of the urethra, caused the stoppage of the discharge, by the removal of the inflammation, than that the stoppage of the discharge produced the complaint of the testicle. But this is a point of little use to enter into, as it makes no alteration in the treatment. There is pain in the epididymis, extending up the loins, in the course of the nerves, and a diminution or total suppression of the discharge from the urethra. The treatment consists in reducing the local inflammation of the testicle, and encouraging the return of the discharge. Therefore I order blood to be taken by leeches, or opening the veins on the scrotum, which last plan, under certain circumstances, is best, and when this is done, a poultice should be applied previously, in order to make the vessels more distinctly seen.—The patient should lie on his

back with the testicle well supported against the abdomen. I make this distinction, in the treatment of hernia humoralis, and inflammation of testicle arising from accident. In the first I use warm emollient applications, with the object of promoting the return of the discharge. In the other, cold may be applied to the part, which in hernia humoralis might prevent the appearance of the discharge. There is a case at present of hernia humoralis in George's Ward, where the patient has been copiously bled with leeches, and has had warm poultices applied to the part, and which is now recovering; the discharge has returned within these few days, and the testicle is well. I have begun to order for him the *balsam of copaiba*, but in small doses, lest too large quantities might suddenly stop the discharge again. After the acute stage of the complaint has left the testicle, a little hardening of the epididymis generally remains. It is of some importance that this should be removed, because if the patient gets out of health, it may lay the seat of some malignant disease, which might not have been the case if the complaint of the testicle had been perfectly cured. The malignant disease of the testicle which I removed some time ago in this hospital, arose from hernia humoralis; this was the commencement of it: there remained after the swelling got better, considerable thickening and enlargement about the epididymis; the man lived very irregularly, staying up late at night, and

thus laid the foundation of the complaint in the testicle, which afterwards required its removal for the cure. The testicle on dissection, presented, as you recollect, different appearances, there were hydatids, the hardened matter of scirrhus, and the soft pulpy substance of scrofula. In fact, the whole testicle was completely disorganized. If there be chronic enlargement of the testicle, you should use stimulants to it; the muriate of ammonia and acetic acid. The common blue ointment is also used; but this is likely to be taken into the system, which forms an objection to its use. There is a case of chronic enlargement at present in Isaac's, whether from gonorrhoea, I am not sure, I believe not; in which most remedies have been tried, and among them is the iodine, which appears to have had no effect on it. The patient has derived no benefit from its application.

If any of the gonorrhoeal matter be applied to the eye, a copious purulent discharge will take place, and an acute inflammation be excited in the organ similar to that which exists in the urethra. This disease of the eye requires more active treatment almost than any other, for it frequently runs on to the destruction of the organ. The treatment must be very active in the commencement, for if ecchymosis surrounding the cornea takes place, all your treatment will be unavailing. I have seen some few cases of this kind, where the most active means were used, when the patient was bled to syncope

twice in the twelve hours, and thirty or forty leeches were applied in a short space of time, all without any relief. When there is ecchymosis surrounding the cornea, the complaint will go on to the destruction of the organ, and all you can do will not prevent it. I merely mention this at present, that you may caution patients with gonorrhoea to be very careful not to use towels or any cloth which may have matter on them about their persons.

The next consequence of gonorrhoea which I shall treat of this morning is

#### *Stricture.*

Strictures may be divided into spasmodic, and permanent; each of these strictures may exist separately, or they may occur both combined.

Spasmodic stricture is usually situated at the bulb of the urethra, or neck of the bladder. The common cause of this complaint is an irritable state of the urethra, produced by the use of bougies, sounds, and injection. When gleet exists, the urethra is naturally irritable, and in a debilitated state, and cold or wet will increase this irritability, and sometimes produce spasmodic stricture. It most frequently occurs when there is permanent stricture, and after indulgence in spirits, or from exposure to cold or damp. The diagnosis of spasmodic strictures may be ascertained, by putting the following questions:—Did you pass your urine yesterday in a full stream, or did it dribble from you? Has any pain been produced, or violence used, in

the introduction of a sound, or bougie? If he answers these questions in the negative, that is, if he says that he lately passed his urine in a full stream, and that violence has not been used, then it is probably spasmodic. In spasmodic stricture, gentlemen, take care how you use the catheter; if there be considerable resistance to its passage, desist from trying it, and have recourse to blood letting, the warm bath, and opiates, in fine, try all these means before you attempt to pass the catheter. In spasmodic stricture, I believe there is a remedy which will be found effectual, I mean the belladonna. I was led to try its use in spasmodic contractions of the urethra, from observing its effects on the iris. It happened that just at the time when the idea suggested itself to my mind, and I was occupied in thinking on the probable good it might produce in these complaints, that a gentleman called at my house, who for some hours before had been unable to pass his urine.—The urethra was extremely irritable, the gentleman was very anxious, he had rigors, and a catheter had been attempted to be introduced by some practitioners, but in vain. I desired him to lie down on the sofa, and I armed a bougie with some belladonna just in the same way as a bougie is armed with caustic, and introduced it into the urethra as far as the obstruction, and let it remain there. In a short time, the gentleman expressed a desire to make water, and at the expiration of ten minutes or a quarter of an hour, I withdrew the bougie and he voided

his urine in a good stream. Two or three cases similar to this have come under my notice, in which the belladonna was of equal service. It of course will be only useful in the spasmodic stricture, and of no use whatever in the permanent. With respect to the use of this remedy in spasmodic stricture, I do not wish to claim the merit of having first used it. It has been used before me; but at the time I used it, I was not aware of any other person having employed it. I should feel obliged to any gentleman present if a case of spasmodic stricture should come under his notice, that he would try the use of the belladonna, and inform me of the result of the experiment whether successful or not. If the remedies before mentioned should not relieve the patient, try the introduction of the catheter, but on no account use violence; a gentle but steady pressure is all that you should employ.

Permanent stricture attacks all parts of the urethra; the membranous part just under the arch of the pubis is the chief seat of this complaint. The stricture is composed of bands encircling the urethra to the extent of a quarter of an inch, sometimes of half an inch, or even an inch. This form of stricture arises from chronic inflammation, and I believe, most commonly from chronic inflammation after gonorrhoea; this takes place in one of the lacunæ, a thickening of the passage ensues, and thus it becomes closed. Stricture may be known by the diminution of the stream of the urine, its tortuousness and occasional diffi-



culty in passing it. When a person with stricture thinks that he has done voiding the urine, and has even returned his penis within the small-clothes, there will be a dribbling, and the patient will find that all the urine has not been expelled. If you examine the urine of a person with stricture, you will find it containing little threads or filaments which come from the strictured part itself. There is also great general debility, and the patient has frequent nocturnal emissions. As the symptoms increase, the stream of urine divides, then only dribbles, and at last the patient has retention of urine. In addition to these symptoms, the patient has rigors and intermittent fever. The treatment of permanent stricture may consist either in dilatation, or the application of caustic, or the division of the stricture. As far as my own experience goes, I am averse to any violence being used in the passage of bougies. If the canal be perforate at all, by persisting in the use of bougies the person may be cured. But if the passage is nearly, or quite closed, it would be very injudicious to endeavour to push through the stricture, because the healthy part is the weakest, and it is more than likely if you use violence, that a false passage will be made. I usually employ the wax bougies, when bougies are necessary, because from their consistence they are not likely to do much mischief. The bougies should be of a conical figure, and the reason is this; if there be an opening through the stricture, and

the point gets within it, the stricture may contract on the bougie, and considerable irritation be produced in withdrawing it if the extremity were not tapering, and then more mischief would be done by the irritation excited, than good from the enlargement of the urethra. At the instrument makers you will frequently find the bougies with bulbous extremities, but there is a decided objection to their use. If spasm of the urethra were to come on, and the bulb was beyond the strictured part, there would be a difficulty in withdrawing the bougie. It is more natural to suppose, and experience confirms the supposition, that bougies graduated in a conical shape are the most proper to be used. I don't think it matters much whether they consist of wax, gum elastic, mixed metal, or silver, so that no violence is used in the introduction. In the first passage of a bougie be not too hasty in forming an opinion as to the presence of a stricture. A spasm may be excited on the first introduction of a bougie, therefore do not make up your mind that there is a permanent stricture. Whenever a bougie is used, it should be of a moderate size and no violence whatever should be employed. To show you the mischief that may be produced by not attending to these directions, I will just mention the following case. A gentleman in the medical profession, supposed that he had stricture, and he applied to a surgeon who introduced a sound without meeting with any obstruction — The gentleman himself was sa-

tified that the urethra was free from stricture, but not so the surgeon, for he immediately took a large sound, passed it with some degree of violence, brought on spasm and profuse hemorrhage, from the effects of which the person has never since recovered. In respect to the size of the bougie, it is of no use to introduce bougies quite so large as you frequently meet with them.

2d. *On the use of Caustic.*—I object to the use of caustic in strictures on account of the liability there is to make a false passage; you are working quite in the dark with it, and are not at all sure when the caustic is in the urethra that it is against the strictured part. I would much sooner divide the stricture with the knife than use caustic. If you enquire into the history of the patients in these hospitals who have strictures and fistula, you will find that in the majority of cases caustic has been employed. The patients, it is true, are for the most part sailors, and something may be said for their mode of living. I think if the urine passes at all, that the stricture may be cured by dilatation; if it does not, that the division of the stricture is the best plan to be adopted. One of the consequences of stricture is, the extravasation of urine into the perineum; the urethra gives way, and the urine finds its way into the perineum, scrotum, and integuments of the penis. The operation for the relief of this complaint consists in the division of the stricture, and an incision is made in the raphe directly on it. The stricture

is then divided from above downwards, and immediately the urine gushes out. I have had several opportunities of performing the operation, and never experienced any difficulty in performing it. The stricture should be divided from above first, for if on the contrary the division is made from below, the urine escapes, and you have not the mark in the after steps of the operator as you otherwise would. It is therefore best to divide the stricture from below, and the majority of cases will do well. There is a valuable paper on stricture published by Mr SHAW, which I cannot too strongly recommend to your notice, and in which, division of the stricture is recommended in preference to the use of caustic; it is an operation which I believe will soon come generally into practice.

No operations have been performed here this week. The accidents admitted are two cases of fractured arm, a fractured thigh, and an injury to the head.

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### MIDDLESEX HOSPITAL.

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#### *Case of Fracture of the Vertebrae, followed by sudden death.*

June 30th.—A man was admitted who had fallen from a window about four feet high. When brought here, there was no perceptible pulsation at the wrist, and the lower extremities were becoming cold, his respiration was oppressed and performed with great difficulty. He

had been bled previously to his admission, and died in less than half an hour.

On examining the body after death, it was discovered, that there was diastasis of the articulation, between the fifth and sixth cervical vertebræ. A fracture also of the body of the latter, and of the transverse processes of both.

On the following day another man, was brought here, who had fallen from a scaffold and died instantly. On examination of the body, it was found that the spinous processes of the seventh cervical vertebra, and those of the first six dorsal, were fractured, and some of them displaced, whilst others were retained in their position by the ligamentum nuchæ. The fourth dorsal vertebra was fractured through both the processes and body, and at this point the spinal marrow and its sheath were torn and completely divided. The crura and the transverse processes of the vertebræ near this part were broken into small fragments, and the corresponding ribs were fractured at their articulation to them anteriorly. The ligamentum longum anticum had slipped from the bodies of the fifth, sixth, and seventh dorsal vertebræ, and this ligament formed the only connection to bind the superior fractured portion of the spine to the lower. There were besides a fracture of the processus dentatus, and of the atlas at its articulation with that process. On examining the atlas and dentata, the tooth-like process of the latter was seen to have been fractured just at its base, and to be embraced by

the transverse ligament of the former in its natural situation. A portion of the anterior part of the atlas, on which the process of the dentata rolls on its smooth internal surface, was broken and detached. Thus the provision for preventing the falling forward of the head, and consequently of its crushing the spinal marrow, was destroyed by the fracture of the processus dentatus, which accounts for the immediate death of the patient.

We are compelled to postpone some interesting cases to our next number.

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### CURIOUS DISEASE IN POLAND.

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Cracow may be considered the centre of that singular and revolting disease the *weichselzopf*, or *placa polonica*. It derives its name from the most prominent symptom, the entangling of the hair into a confused mass. It is generally preceded by violent head-ache and tingling in the ears; it attacks the bones and joints, and even the nails of the toes and fingers, which split longitudinally. I saw such furrows in the nails of a person, twelve years after his complete cure. If so obstinate as to defy treatment, it ends in blindness, deafness, or in the most melancholy distortions of the limbs, and sometimes in all those miseries together. The most extraordinary part of the disease is its action on the hair. The individual hairs begin to swell at the root, and to exude a fat slimy substance, frequently mixed with

suppurated matter, which is the most noisome feature in the malady; their growth is at the same time more rapid, and their sensibility greater than in the healthy state; and notwithstanding the incredulity with which it was long received, it is now no longer doubtful, that where the disease has reached a high degree of malignity, not only whole masses of the hair, but even single hairs, will bleed if cut off, and that too throughout their whole length as well as at the root. The hairs growing rapidly amidst this corrupted mass, twist themselves together inextricably, and at last are plaited with a confused, clotted, disgusting-looking mass. Very frequently they twist themselves into a number of separate masses like ropes; and there is an instance of such a *zopfe* (tail) growing to the length of fourteen feet on a lady's head before it could be safely cut off. Sometimes it assumes other forms, which medical writers have distinguished by specific names; such as, the bird's-nest plica, the turban plica, the Medusa-head plica, the long-tailed plica, the club-shaped plica, &c.

The hair, however, while thus suffering itself, seems to do so merely from contributing to the cure of the disease, by being the channel through which the corrupted matter is carried off from the body. From the moment that the hair begins to entangle itself the preceding symptoms always diminish, and frequently disappear entirely, and the patient is comparatively well, except that he must submit to the inconvenience of bear-

ing about with him this disgusting head-pieco. Accordingly, where there is reason to suspect that a *weichselzopf* is forming itself, medical means are commonly used to further its out-breaking on the head; and among the peasants, the same object is pursued by increased filth and carelessness, and even by soaking the hair with oil or rancid butter. After the hair has continued to grow thus tangled and noisome for a period, which is in no case fixed, it gradually becomes dry, healthy hairs begin to grow up under the plica, and at last "push it from its stool." In the process of suppuration, however, it unites itself so readily with the new hairs, that if not cut off at this stage it continues hanging for years, an entirely foreign appendage to the head. There are many instances of Poles, who, suffering under ailments, the forerunners of an approaching *weichselzopf*, have in vain sought aid in other countries from foreign physicians, and on their return have found a speedy though very disagreeable cure in the breaking out of the plica.

But till the plica has run through all its stages, and has begun of itself to decay, any attempt to cut the hair is attended with the utmost danger to the life of the patient. It not only affects the body, by bringing on convulsions, cramps, distortions of the limbs, and frequently death, but the imprudence has often had madness for its result; and, in fact, during the whole progress of the disease, the mind is in general affected no less than the body;

Yet, for a long time, to cut off the hair was the first step taken on the approach of the disease. People were naturally anxious to get rid of its most disgusting symptom; and they ascribed the melancholy effects which uniformly followed, not to the removal of the hair, but merely to the internal malady, upon which this removal had no influence: medical men had not then learned that this was the natural outlet of the disorder. Even towards the end of the last century, some medical writers of Germany still maintained that the hair should be instantly cut; but the examples in which blindness, distortion, death, or insanity, have been the immediate consequence of the operation, are much too numerous to allow their theoretical opinion to have any weight. The only cure known, is to allow the hair to grow till it begins to rise pure and healthy from the skin, which indicates that the malady is over; it is then shaved off, and the cure is generally complete, although there are cases in which the disease has been known to return. The length of time during which the head continues in this state of corruption, depends entirely on the degree of malignity in the disease.

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*To the Editor of The Lancet.*

Sir,—I perceive in your last number some sensible observations made by a student, on the inefficient manner in which the physicians and surgeons of the

metropolitan hospitals discharge their duty to their pupils, and the slender benefit to be derived from the mode at present adopted by those gentlemen in their visits round the wards. Your correspondent truly observes, "that the hurried pace from bed to bed—the superficial examination of the patient, and the absence of all comments on the cases, however interesting they may be, are such, that the student comes out of the ward just as wise as when he went in." This is so notorious a fact that what is commonly called *walking the hospitals* is a complete farce, and for the most part, the time spent by the pupil in going round the wards with the surgeons, is so much time thrown away. This, Mr. Editor, is an evil of no small magnitude to students who are *compelled* to enter a hospital, and who pay a considerable sum for doing it; and it is certainly nothing more than just that they should receive some compensation for the money they pay. The surgeons are bound, as men of integrity and honour, to adopt some plan different from the present, and to leave no means untried for the purpose of ~~...and~~ instruction to the pupils whose money they are so ready to receive.

The object of this communication, is to recommend the plan adopted in some of the FRENCH, and most of the ITALIAN schools, viz. that daily accounts of all interesting cases in the hospitals should be kept by persons expressly employed for that purpose by the surgeons, and that

such accounts should be read by the surgeons; on their visits to the hospitals, at the bed-side of the patients, or perhaps at a little distance from it. If the surgeons employed competent persons to take the cases, the mere recital of them would be extremely valuable, but coupling this, with the remarks which might be occasionally made by the surgeons, the advantage to the pupils would be considerably increased. It will be immediately asked, but who are to take the cases? This is not a question which belongs to a student to answer. If the suggestion I have just made be a good one, it is the duty of the surgeons to see it carried into effect, and I hope that students will continue through the medium of a free press to state the inconveniences to which they are subjected until they be removed.

In conclusion I will remark that nothing can be more disgraceful to the surgeons of the metropolitan hospitals, than the system of medical instruction which is at present adopted. The surgeons of these hospitals, divide between them more than 10,000*l.* per annum, taken from the pockets of the students.

A STUDENT.

Bartholomew's Hospital,  
August 2, 1824.

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*To the Editor of The Lancet.*

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SIR,—As the valuable pages of THE LANCET are, amongst other useful objects, devoted to the exposure of professional

abuses in public charities, allow me to call your attention to the following, connected with the *Cork-street Eye Infirmary*.

Who is the Oculist of that establishment? Mr. Alexander. Who is the Reporter? Mr. Alexander. Who is the Secretary? Mr. Alexander. With what view are these several appointments centered in the same individual? And why is not the practice of this Infirmary laid open like that of every similar Institution? Do not these things savour of the "Hole and Corner Surgery," which you have so pointedly and ably exposed?

To the honourable feelings of that Æsculapius of modern surgery, Sir Astley Cooper, the public is greatly indebted for the laudable example he has set, in bringing to light and severely reprobating the abuses and malpractices, which have prevailed in some of our metropolitan hospitals.

I remain, Sir,

Your obedient servant,  
A FRIEND OF THE AFFLICTED.

July 14th, 1824.

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*A case of Bronchocele successfully treated by JOHN CHAS. LITCHFIELD, Esq., Member of the Royal College of Surgeons in London.*

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*To the Editor of The Lancet.*

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SIR,

If you consider the case I am about to relate sufficiently interesting for THE LANCET, it will give me much pleasure

in adding my mite to your useful publication.

A young lady, aged 19, consulted me on Saturday, June 20, 1824, for a bronchocele, about the size of a large duck's egg; the left lobe of the glandula thyroidea was much larger than the right; it felt rather hard, and was circumscribed. She had repeatedly applied for advice to many medical men, and their medicines proving useless, and injuring, as she thought, her general health, was resolved not to take any more, but rest satisfied, under the idea that her carse was hopeless,—*id est*.

Non est, in medico semper relevetur ut aeger.

Interdum docta plus valet arte malum.

But such was not her case, I am happy to say. It commenced nine years ago, and daily enlarged, but when it had attained the size before-mentioned, she became alarmed, and applied to me for advice, which I gave her, and prescribed as follows:—

**R. Potassæ Hydriodat. xxxiv. grs.**

*Ceræ albae* ʒij.—*Adipis Sul-læ* ʒijss. *Misce ft. Unguentum*, a piece of the ointment about the size of a small bird's egg, to be rubbed on the tumour for a quarter of an hour night and morning, and, *sumat. Tinct. Iodine m. x. ter in die.*

The medicine produced a nauseating sensation for the first two or three days, but after that time she felt no inconvenience. I prescribed for her also *Hirudines in applicand. part. affectæ* every fourth day; and really it was astonishing to perceive how beneficial they proved. I daily attended her for five weeks, and persuaded her, as

also did her friends, to persist in the use of the remedies prescribed, which she did, and met with her reward, for at the expiration of the before-mentioned time I had the satisfaction of finding my patient perfectly well, and a despondency of mind, which the tumour had produced, was totally eradicated. We are daily hearing of the medicines in question proving highly beneficial in the treatment of a disease which has hitherto baffled the skill of the most eminent practitioners of our profession; yet I am sorry to say there are some few medical men who will not employ these valuable remedies, but, on the contrary, discard them from practice without taking an opportunity of proving their value. It is the first case of the kind I have ever seen cured; I must however candidly acknowledge, that I borrowed my plan of treatment from Dr. ROOTS, a very learned and persevering physician, and the credit is due to him.

J. C. LITCHFIELD.

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*Case of Hemorrhage into the Urinary Bladder, proceeding from Fungoid Tumours of the Prostate Gland, and requiring the Performance of the High Operation for the Removal of the Coagula.* By A. COPLAND HUTCHISON, Esq., Surgeon Extraordinary to his Royal Highness the Duke of Clarence, Surgeon to the Westminster General Dispensary, and to the Royal Metropolitan Infirmary for

Children, and late Surgeon to the Royal Naval Hospital at Deal.

S. W., Esq., aged seventy-three, had been my patient, during a period of between eight and nine years, for an affection of the bladder, under which he had laboured about twelve years previously to his consulting me. The disease, from the first, appeared to be seated in the prostate gland; and whatever may have been the gentleman's habits in very early life, he had to my knowledge, for the period that I attended him, been most temperate in his mode of living; and, by those of his friends who had known him thrice that period, the same testimony is borne to this fact.

Mr. W. had very frequent desire to void urine, although the bladder at such periods might not contain more than one or two ounces; and the irritation was sometimes so great, that ischuria or complete suppression was the consequence, as I have had occasion several times to introduce a catheter. His bowels were naturally constipated, and required the frequent aid of medicine; but in all other respects he enjoyed a good share of health and spirits, considering his age. The practice pursued during the first six years of my attendance was that which is usual under such circumstances; namely, warm baths—emollient enemata—opium, in the shape of pulv. Doveri—the potassa nitras cum gum. acacie—uva ursi, alkaline remedies: these

were all alternately had recourse to with advantage.

About the end of the year 1821, his disease became less easily controlled; and about this time, too, his urine was occasionally tinged with blood; which circumstance, combined with a pain he had in the loins and down the fore part of the thighs, as well as an irritation of the glans penis, led me attentively to examine the bladder with a sound; but no calculus could be discovered. I have also, at his own request, within the two last years, several times introduced this instrument; for, notwithstanding my reiterated assurance that there was no stone in the bladder, and that the disease was confined to the prostate gland, the impression was strong on his own mind that there certainly must be a calculus.

A lithic deposit from the urine, which at one time was considerable, having entirely disappeared with a return of a more regular state of bowels, and considering the occasional bloody state of the urine, he was now prescribed the tinctura ferri murialis, which certainly removed this appearance as frequent as it recurred; and so sensible was the patient of the utility of this remedy on such occasions, that he never afterwards travelled any distance without being provided with it.

He complained also of a sense of weight or fullness about the hollow of the sacrum; and on examining the prostate *per anum* it was found considerably enlarged—so much so, as occasionally to prevent the free pas-



sage of feces through the rectum. He could not now walk more than a mile or a mile and half without suffering from the consequences afterwards. He could ride in an easy carriage on a good road for fifty miles without much inconvenience; but such was not the case over the stones of London, for they always occasioned him great pain.

We now come to the more interesting part of this case; and deeply interesting it was to me personally, for the subject of it was a very valued friend.

It is to be understood that for years past he was under the necessity of voiding his urine from three to six times during each night; and on the 26th Feb. last, at two o'clock in the morning, he was seized with a suppression of it, which he ascribed to his having taken too long a walk a few days previously; but, although in great pain through the remainder of the night, he would not disturb the servants until their usual time of moving.

A Surgeon in the neighbourhood introduced a catheter, and, on my visiting the patient about ten o'clock, stated, that, an hour or two before, he had drawn off about a pint of urine, but on examining the patient at this time the bladder seemed considerably distended, and he appeared to be in a good deal of pain; but all our efforts to introduce the catheter now proved fruitless. Leeches were applied to the perineum; the hip-bath was used every two or three hours; ol. ricini and enemas were had recourse to; he was bled at the arm; and, in the evening

Dr. Walshman and Sir Astley Cooper were summoned to our assistance. Sir Astley, however, did not arrive until the next morning early, two hours after I had succeeded in introducing the instrument and emptying the bladder of upwards of a quart of dark-coloured urine, with several clots of blood floating in it. The patient was kept quiet in bed, and the instrument retained in the bladder until next day, when it was removed and replaced by one of elastic gum.

Every bad symptom had now abated—he felt easy—his mind was tranquil, and he expressed a wish to go down stairs, which he did for some hours, and he felt very little inconvenience from the exertion. At the end of two days he complained of the irritation the residence of the instrument in the bladder occasioned, and entreated that it might be removed, which was complied with.

As I slept in the house, the instrument was passed as frequently as it was necessary, without the pain and anxiety of any delay; and my absences in the day did not exceed from three to four hours. His bowels were kept open and his skin permeable by proper medicines, and he had occasionally recourse to the hip bath. It is necessary here to mention, also, that his urine was perfectly clear and free from any appearance of blood since the second day of his attack.

At one o'clock in the morning of the 2d of March I introduced a catheter with the same facility as I had been accustomed to do during the last few days,

and drew off half a pint of perfectly clear urine. I left him comfortable and free from pain. A quarter of an hour had hardly elapsed when I received a sudden summons to attend him. He was then suffering greater pain than ever from distension of the bladder, although it had been emptied so shortly before; it was quite evident, therefore, that this must have been occasioned by internal hæmorrhage, which was confirmed by the introduction of the catheter; and, as he had not lately complained of pain in the loins, we did not suspect the kidneys to be the source of it.

I now endeavoured, by injecting warm water, and by the frequent introduction of the wire of the catheter, to break down the coagulated blood, but to no purpose.

In this embarrassing situation, I proposed to Sir Astley Cooper, who was sent for, to cut into the bladder from above the pubes — the deceased and enlarged state of the prostate gland alike precluding the operation being performed either through the perinæum or rectum. This proposal was acceded to, as the only chance left for prolonging the life of our patient.

In the presence of that gentleman, therefore, I made an incision into the bladder of between two and three inches, cutting between the pyramidal muscles, as in the high operation for the stone, and, with a table-spoon scooped out upwards of a pint of coagulated blood, there not being more than a very few ounces of urine

likewise contained. The operation was not performed until upwards of twelve hours subsequent to the hæmorrhage. On examining the interior of the bladder with our fingers, we discovered two fungoid tumours projecting into this viscus from the prostate gland; and from which tumours, we conclude, the hæmorrhage must have proceeded, for the bladder in every other part seemed perfectly healthy. The entrance of the urethra was situated between the two tumours; the left being about the size of a hen's egg, and the other that of a large walnut.

A syphon was now made of a leaden catheter, one end of which was introduced into the bladder by the wound, and a calf's bladder was made fast to the other, as a reservoir for the urine. The head and shoulders of the patient being raised by pillows, an opiate administered, and the instrument properly secured, we left him in a comparatively easy and comfortable state, and the syphon performing its office efficiently.

During the first three days after the operation no case could proceed more favourably; the bowels were naturally open; there existed no tension of the abdomen; the wound looked healthy; the patient's spirits and relish for food were tolerably good; and, upon the whole, the general aspect of the case was favourable.

On the fourth day, however, from the operation, a great change took place: his spirits became depressed; he declined all kind of sustenance; his looks

were sunken; his pulse was feeble, and a want of action in the wound was but too apparent; and, notwithstanding every effort to save him, he continued to sink gradually until the 7th March, being the sixth day after the operation, when he died—in full possession of his mental faculties up to the latest period.

I lament to say that permission to inspect the body was not obtained.

I have related the particulars of this case at some length, as it is the first of the kind that ever came under my observation, and only the second which Sir A. COOPER had seen.—*Medical Repository.*

We shall say a few words on this interesting case in our next.—E. L.

#### SOCIETY OF PHYSICIANS OF THE UNITED KINGDOM.

A society having the above name has been formed in this Metropolis, for the avowed purpose of improving the science of medicine and advancing the interests (pecuniary no doubt) of its professors. This society, by virtue of one of its regulations, excludes all persons from being members, who are "engaged in the practice of surgery, pharmacy, or midwifery," (admirable law indeed), yet we see among the half dozen individuals who compose this society, the name of one of the physicians to the Queen Charlotte's Lying-in Hos-

pital; so much for consistency! We need scarcely say, that this society is a complete humbug, set on foot by some few individuals who appear determined to make themselves conspicuously ridiculous.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

It is with infinite satisfaction that we announce to our professional brethren, the appointment of Mr. C. BELL, to the distinguished office of Professor of Anatomy and Surgery to the above College. The lectures of this eminent Surgeon will prove a gratifying contrast to the twaddle and cant delivered during the last spring.

#### JACKSONIAN PRIZE.

The Prize Subject for the year 1825, is *Reparation of fractured Bone; and the special Treatment of Fracture of the Neck of the Scapula, of the Olecranon, of the Neck of the Thigh-Bone, of the Patella, and of the Malleoli.*

Candidates to be Members of the College.

Dissertations to be in English; and the number and importance of facts will be considered principal points of excellence.

Each dissertation to be distinguished by a motto or device; and accompanied by a paper, sealed up, containing the name and address of the author, and having, on the outside, a motto or device corresponding with that on the dissertation.

Dissertations to be addressed to the Secretary, and delivered, at the College, before Christmas-day 1825.

The prize-dissertation will be preserved in the Library of the College.

Compositions which shall not be approved, with their correspondent sealed papers, will be returned upon authenticated application, within the period of three years; and those which shall remain three years unclaimed, will become the property of the College; at which period their accompanying papers will be burnt, unopened, in the presence of the Jacksonian Committee.

The prize-subject for the present year 1824, is *Tic Dououreux*.

Dissertations upon which must be delivered, at the College, before Christmas-day next.

By Order:

E. BELFOUR, Sec.

LINCOLN'S-INN FIELDS;  
14th Day of July, 1824.

We shall soon return to the subject of the College abuses.

The conduct of this monopolizing company of barber surgeons cannot be too frequently brought before the public.

The President for this year has been politely declared incompetent to fill the situation of Hospital Surgeon, and the Vice-President is so extremely erudite that he can scarcely write a sentence of English grammatically. We shall feel obliged to any of our readers if they will transmit any facts respecting the application of the College funds.

## HYDROPHOBIA.

Dogs that are usually kept confined should always have within their reach a bowl of fresh water, containing a lump of stone sulphur. Where this precaution is used, it will always have the effect of preventing the disease from spontaneously occurring. But when the dog has been bitten by another in the rabid state, it will neither prevent the formation of the disease nor accomplish its cure. We can, however, confidently assert that no dog kept under the above circumstances, has ever been attacked by hydrophobia, unless the disease was communicated by inoculation.

We understand that the Vice-Chancellor is at present labouring under stone in the bladder; and that his honour will shortly undergo the operation of lithotomy.

SINGULAR COINCIDENCE.—At an obscure house in a court, near Piccadilly, appropriated to the purpose of an anatomical school, a poor woman occupies the ground floor, who actually deals in muscles, her husband is a bone merchant, and over the door is a board with this inscription *Mangling done here*.—*The Times*.

**LIST OF FOREIGN WORKS,  
LATELY PUBLISHED.**

Anatomie des Vers Intestinaux, *Ateasride Lombricoide et Echinorhynaeque* Geant. Memoire couronne, par l'Academie Royale des Sciences — avec huit Planches, par JULES CLOQUET.

Dictionnaire Abregé des Sciences Medicales Tom. XI.—MAN. OMV.

Fodere, Leçons sur les Epidémies et l'Hygiène publique. — Tom. iv. 8vo.

This work is now complete in four volumes.

Recherches Expérimentales sur les Propriétés et les Fonctions du Système Nerveux, dans les Animaux Vertébrés. Par P. FLOURENS. 8vo. Pp. xxvi. 331 Paris, 1824.

**JUST PUBLISHED.**

Observations on the History and Treatment of the Ophthalmia, accompanying the secondary forms of Lues Venerea. By THOMAS HEWSON, Esq. A. B. Surgeon to the Meath Hospital, and County of Dublin Infirmary.

**MEDICAL PROMOTIONS.**

33d Foot Surgeon Wm. Bampfild to be surgeon, v J. H. Walker, M. D.

57th Ditto, Assistant-Surgeon Doyle to be assistant-surgeon, v Lathian.  
2nd West India Regt. Hospital Assistant Murray, M. D. to be assistant-surgeon.

HOSPITAL STAFF.—Dr. J. Arthur to be Physician to the Forces v Deneket; Assistant-Surgeon Prosser, to be assistant-surgeon to the forces, v Wharrie, deceased.

**TO CORRESPONDENTS.**

E. must authenticate.

The practice of which PHILOLOGOS complains is truly ridiculous. We lament that it has become so very frequent, and will do all in our power to eradicate it.

We can assure F. W. that our remarks on the conduct of Mr. T. have not been too severe; indeed, when we reflect on the circumstances which gave rise to them, we feel that we have been particularly lenient towards that individual.

We highly applaud the benevolent suggestion of HUMANITAS. We wish the plan proposed by the Noble Lord could be carried into effect.

If Mr. — had any sense of shame or honesty in his composition, he would, after having committed such egregious blunders, resign that office which he now holds to the disgrace of the Institution.

The hints of AMICUS are valuable. We shall not fail to turn them to account.

To our Correspondent from Abbotsbury we will address a letter in a very few days.

We have to apologise to VERITAS for having mislaid his first letter; we are sorry that he should have experienced any neglect; we beg leave, however, to observe, that we never will impeach the integrity of any individual from the statements of anonymous communicants.

E. of Dublin shall have a letter.

# THE LANCET.

VOL. IV.—No. 7.] LONDON, SATURDAY, August 14, 1824. [Price 6d.]

## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

### LECTURE 70.

#### *Dislocations.*

GENTLEMEN,

Cases of dislocations of the ribs have been described by different authors; such cases must be extremely rare, and must also be very difficult to detect. Their heads are said to be thrown from their articulations on the bodies of the vertebrae. But I have never seen such a case. There is frequently a great irregularity of the cartilages which is mistaken for a dislocation. This arises from constitutional weakness, the arch of the rib is diminished, the sides flattened, and therefore the extremity of the ribs with the cartilages thrust forward. It is generally the result of rickets. Very rarely a cartilage may be torn from its connexion with the sternal end of the rib and projects over its surface. The same treatment would be necessary as in fracture of the rib, elevate the patient so

make a deep inspiration; then depress the projecting cartilage, put a wetted pasteboard splint upon the part, and apply a flannel roller over it.

#### *Of dislocations of the clavicle.*—

The sternal end of the clavicle is dislocated in two directions, forwards and backwards, most frequently forwards, when it is thrown upon the fore and upper part of the sternum. This accident may be readily distinguished by the swelling seen on the upper part of the sternum, and if the fingers be carried upon the surface of the sternum upwards, this projection stops them; but if there be any doubt about it, place your knee against the spine, draw the shoulders backwards, and the clavicle sinks into its natural situation, but immediately you uncover the extension the swelling again protrudes. If the shoulder be elevated the projection descends, if the shoulder be drawn downwards the extremity of the clavicle passes upwards towards the neck. The motions of the clavicle are painful, and those of the shoulder performed with difficulty. In a thin person

you see immediately the nature of the accident, but in a robust person it is sometimes difficult. The reduction is easily effected in the way just pointed out, apply the clavicular bandage. The arm does not require to be supported.—The second dislocation is *backwards*, behind the sternum. This is a very rare dislocation. I have never seen a case of it arising from injury, but it has happened from great deformity of the spine, which advanced the scapula, and did not leave sufficient room for the clavicle between the scapula and sternum, and it gradually glided behind the sternum, and the pressure of the end of the bone was so great on the œsophagus as to require its removal. It does not produce much difficulty of breathing, because the trachea is pushed to the other side; but the œsophagus is compressed and produces great difficulty of swallowing. When it arises from deformity of the spine, there is no mode of reducing it. In the case just mentioned, the clavicle was seen through about one inch from the sternum, by Mr. Davis, late of Bungay, in Suffolk, and very carefully dissected out. This was a very bold operation, but it succeeded perfectly. None but an excellent anatomist would have dared to attempt it. The *scapular* end is

more frequently dislocated than the sternal. It may be detected by putting the finger on the spine of the scapula, and tracing it forwards towards the acromion, where the finger will be stopped by the projecting portion of the clavicle. The shoulder will be depressed and drawn inwards towards the sternum, and from the projection of the clavicle it will appear flattened, something like the dislocation into the axilla. This happens from the scapula having lost its support, it being the office of the clavicle to separate the shoulder widely from the sternum, to allow of more extensive motion. In the reduction of this dislocation you may use the same mode as was employed in the dislocation at the sternal end. Let the knee be put between the patient's shoulders, and draw them backwards and upwards, and the clavicle immediately is brought into its place. Then put a thick cushion into each axilla, to keep the scapula from the side, to raise it and to prevent the axilla from being injured by the bandages. Then the clavicular bandage is to be applied, and its straps should be broad enough to press upon the clavicle and scapula. The arm should be supported in a short sling, or so to keep the scapula well up. These accidents, with the best treatment, will generally leave some deformity;

and it is better, therefore, when first called to the accident, to state this to the patient, as he may otherwise suppose that it has arisen from your negligence or ignorance. You may at the same time inform him, that a very good use of the limb will be restored; although a slight alteration of the natural form of the parts may remain, such as a little projection on the sternum, or on the sternal extremity of the clavicle.

The *Humerus* is liable to be dislocated in four directions. The first and most common of these is downwards and inwards into the axilla; the bone here rests on the inner side of the inferior angle of the scapula. It may be known by the projection of the acromion, by the natural rotundity of the shoulder being lost, by the deltoid being flattened and dragged down with the head of the bone. The arm is rather longer than the other, and the elbow is carried from the side. Although the arm is longer than natural in a recent dislocation, yet, if the accident have been of some duration, the head of the bone becomes imbedded in the soft parts, and the limb is then shortened. The elbow is with difficulty brought to the side; from the head of the bone being in this attempt pressed upon the axillary plexus of nerves, and the patient will generally come

to you, supporting the arm with the other hand, to prevent its weight pressing upon these nerves. If the elbow be carried outwards, nearly at right angles with the trunk, the head of the bone can be distinctly felt in the axilla; but this cannot be done if the elbow be allowed to remain close to the side. The raising the elbow throws the head of the bone downwards and more into the axilla, and therefore can be more easily felt in the axilla. The motion of the joint upwards and outwards is in a great measure lost; and therefore the patient cannot raise his hand to his head. This question is generally asked, "Can you raise your hand to your head?" The answer invariably is, that he cannot; and you immediately make up your mind that it is a dislocation. The patient can swing his arm a little forwards and backwards as it hangs by his side. The central axis of the limb may also be observed to run into the axilla. There is usually a numbness in the fingers from the pressure of the head of the bone on the axillary plexus. Well, then the principal marks of the accident will be, the falling of the shoulder, the presence of the head of the bone in the axilla, and the loss of the natural motions of the joint. But in a short time these appearances are less decisive



from the extravasation and tension which follow. The common causes of a dislocation of the humerus into the axilla are, falls upon the hand while the arm is much raised, or by a fall upon the elbow when the arm is raised from the side, by which the head of the bone is thrown downwards. But the most frequent cause of this accident is a fall directly on the shoulder on some projecting body, by which the head of the bone is suddenly driven downwards. Dislocations are very apt to recur from very slight causes. If the muscular power be considerable, or if the accident has occurred a few days, the reduction is usually accomplished in the following way. Place the patient in a chair, let the scapula be well secured by a bandage passed over it, with a slit in it to receive the arm, and buckled over the acromion; this keeps the bandage close up in the axilla, and more completely fixes the scapula: or it may be done by a towel folded round the scapula and tied close above the acromion. Pass a wetted roller round the arm, just above the elbow, to protect the skin, and upon this strong wetted rope is to be fastened with what the sailors call the clovehitch; the arm should be raised at right angles with the body, or a little above it, to relax the dislocated and super-

spinatus. Two persons should now make extension from the bandages fastened to the arm, and two from the scapular bandage, with a steady and equal force. After the extension has been made a few minutes, the surgeon should place his knee in the axilla, resting his foot on the chair on which the patient sits, and raise his knee by extending his foot, and placing his hand at the same time on the acromion, he pushes it downwards, when the head of the bone usually slips into its place. While the extension is making, a gentle rotatory motion will diminish the counteracting power of the muscles, and assist the reduction; the fore arm should be bent to nearly right angles with the upper arm. If the limb has been a long time dislocated, and if the muscles are so firmly contracted that the force to be applied in the way I have just recommended does not succeed, the reduction must be attempted by means of the pulleys; more on account of employing the force gradually and equally, than of their increase in power. The patient should sit between two staples to be fixed in the wall, the bandages are to be applied in the way before described, and the surgeon should draw the pulley himself, and the degree of extension be gradually increased until the

tient complains of pain, then stop a little, and extend again. (Here I may mention to you the great advantage to be gained in engaging the patient's attention, and directing it to some other object during the attempt at reduction.) Then extend the arm again, and continue it until the patient again complains, and thus at intervals of three or four minutes you may continue the extension for a quarter of an hour. If this plan should not succeed, you must use the constitutional measures before pointed out, and try the extension again. But in the Hospital I generally order, when I expect much resistance, the warm bath and nauseating doses of tartarized antimony to precede the application of the pullies.

If the patient should be an elderly lady, or a relaxed, emaciated person, you may generally succeed in reducing the dislocation in this way. Put the person in a low chair, carry the knee into the axilla, by separating the arm sufficiently from the side, and let your foot rest on the side of the chair; take hold of the arm firmly, just above the condyles with one hand, and place the other on the shoulder; draw the arm over the knee, raise the knee a little at the same time, and depress the shoulder with the other hand, when the knee

will generally slip into its socket. But the mode I usually adopt, in all recent cases, is the following: lay the patient on his back, either on a bed or sofa, and bring him near to the edge of it; let a towel be passed over the scapula, in the manner before mentioned, and given to a person to hold fast; then tie a handkerchief above the elbow, having previously passed a wetted roller round the arm, carry the patient's arm from his side, and sit yourself on the edge of the bed, then place your heel in the axilla, and extend the arm; draw steadily for three or four minutes, and the bone is replaced. If more force should be necessary than you can make with the handkerchief, you can pass a towel round the arm in its stead, and let two or three persons pull at it, the heel being still kept in the axilla. This plan I should recommend you to adopt in ordinary cases.

The second dislocation is forwards, beneath the clavicle, upon the second rib, and having the coracoid process to its outer side. This accident is more easily sustained than the dislocation into the axilla. The projection of the acromion appears greater, from the depression of the deltoid being more considerable. There is a point near to be signified beneath the

middle of the clavicle, and on rotating the arm, the head of the bone may be felt to roll; the elbow is thrown from the side, and at the same time carried backwards; and the motions of the arm are more confined than in the dislocation into the axilla. The pain attending this accident is slighter than the one just mentioned, because the axillary plexus of nerves is not compressed. These marks place the nature of the accident beyond all doubt.

The reduction is to be effected by the same means as in the former dislocation. The same bandage should be used, and the arm bent; but the direction in which the bone is drawn is the principal circumstance to be attended to. The extension must first be made obliquely downwards and backwards, until the head of the bone has passed the coracoid process, then it may be raised in a horizontal direction, and by the pressure of the heel in the axilla, the bone will be easily returned.

The *third dislocation* is backwards, on the dorsum scapulae, just beneath the spine. It is readily distinguished by the projection of the head of the bone, and by its following the movements of the elbow when rotated. Only two cases have occurred in Guy's Hos-

pital during thirty-eight years. The bandages are to be applied in the same manner as in the dislocation into the axilla, and the extension made in the same direction, rotating at the same time the head of the bone inwards.

The *fourth dislocation* of the humerus is only *partial*. It is an accident which frequently occurs. The head of the bone is thrown forwards against the coracoid process; there is a hollow at the back part of the shoulder joint; the axis of the arm is thrown inwards and forwards; the under motions of the arm are still performed, but it cannot be raised, from its striking against the coracoid process. The head of the bone may be felt to rotate. The reduction is the same as that for the dislocation forwards, but the shoulders should also be drawn backwards, to bring the head of the bone to the glenoid cavity. After the reduction, the shoulders must be secured by the clavicular bandage, or the bone will again slip forwards, against the coracoid process. An injury of great violence may occasion the head of the bone to be forced through the integuments in the dislocation forwards. The reduction should be immediately effected, as was before recommended in the dislocation forwards. A surgeon

should be introduced, and lint dipped in blood applied to the wound, and adhesive plaster, to retain the apposition of the wound; the limb should be kept close to the side, by a roller including the arm, and thus the least motion prevented. By this treatment the suppurative inflammation may be prevented, and the patient's life not be endangered.

Accidents about the shoulder joint, with which dislocations are liable to be confounded, are, *first*, *fracture of the acromion*. Here the roundness of the shoulder is in some measure lost, and the head of the bone drops towards the axilla. It may be readily distinguished, by the shoulder retaining its proper shape on supporting the arm, and by its again sinking when that support is removed. If you trace the spine of the scapula forwards to the clavicle, on reaching that part the finger sinks into a depression; then raise the arm, and place one hand firmly on the acromion, and rotate the elbow with the other, and you will distinctly perceive a crepitus. In the treatment of this accident, you are to apply the head of the neck as a splint, to support the detached portion of bone; with this view, then, you support the elbow in a short sling, and bend the fore-

arm across the chest; put a thick pad between the elbow and the side, so as to separate it widely from it, in order to relax the deltoid. Let the motion of the arm be perfectly prevented, by binding it firmly to the chest by a roller; the elbow should be carried a little backwards. The arm should be kept firmly fixed for three weeks; it will unite by bone, if motion was perfectly prevented, but as this is very difficult to accomplish, the union is generally ligamentous. The second accident is more likely to be mistaken for dislocation than any other, and this is the *fracture through the neck of the scapula*. It is impossible, by mere inspection, to distinguish this from dislocation into the axilla. It is to be known by carrying the hand over the shoulder, and resting the finger on the coracoid process; then, by rotating the arm, a crepitus will be felt. Let the surgeon place his arm under the arm of the patient, and by raising it a little he restores the natural appearance of the joint, but by taking away that support, the shoulder again sinks. The treatment of this fracture is, to place a thick pad in the axilla, to carry the ligaments, and within the glenoid cavity, outwardly; to support the humerus in a short sling, to preserve the parts in apposition.

The clavicular bandage will assist in keeping the head of the bone outwards, and the motion of the arm may be prevented by confining it to the chest by a roller. It requires from 10 to 12 weeks for its recovery, and continues weak for three weeks after.

The third is the *fracture through the neck of the humerus*. This may be distinguished in the same way as the accident just mentioned, and by passing the hand over the shoulder joint, and fixing the head of the humerus with the fingers, whilst at the same time you raised the elbow, and carried the upper part of the humerus a little outwards, you will feel a crepitus on rotating the elbow; but the head of the bone does not follow the rotation of the arm. You are to apply a roller, from the elbow to the shoulder joint, and put a splint on the inner and outer side of the arm, to be confined by another roller; a thick pad is to be placed in the axilla, and the arm gently supported in a sling. The principal difficulty is to prevent the pectoral muscle drawing the body of the bone forwards, but if the inner splint be properly applied, its influence will be counteracted. It requires from three to six weeks to unite, according to the age of the patient.

#### *Of Dislocations of the Elbow.*

The elbow may be dislocated in five directions; and first, of the *dislocation of both bones backwards*. This accident is strongly marked by the alteration in the form of the joint, and by its partial loss of motion. There is a considerable projection posteriorly formed, by the ulna and radius. On each side of the olecranon there is a hollow; a large hard swelling is felt at the fore part of the joint, immediately behind the tendon of the biceps, which is the extremity of the humerus. The hand and fore arm are in a state of supination, and you cannot turn them prone. The cause of the accident is generally this: a person, when falling, puts out his hand to save himself, but the arm not being perfectly extended, the whole weight of the body is thrown upon the radius and ulna, and they are forced behind the axis of the humerus. The dislocation is to be reduced in this way: let the patient be seated on a chair; take hold of his wrist, and put your knee on the inner side of the elbow joint; then bend the fore arm, and at the same time press upon the radius and ulna with the knee, so as to separate them from the humerus, and so as to throw the olecranon from the ulna from the posterior fossa

of the humerus, where it is lodged. Whilst this pressure is kept up by the knee, the arm is to be forcibly, at the same time gradually, bent, and the bones will slip into their places. After the reduction, the arm should be kept flexed, and a bandage applied, which should be kept wet with an evaporating lotion, and the arm supported in a sling. The fore arm should be bent, at rather less than a right angle with the upper arm. The elbow may be *dislocated laterally*, when the ulna will be thrown either on the external or internal condyle. When thrown *outwards*, the projection is greater than in the dislocation backwards; as the coronoid process, instead of being lodged in the posterior fossa, is thrown behind the external condyle, and the radius forms a protuberance behind, and on the outer side of the humerus, so as to produce a hollow above it; on rotating the hand, the radius may be felt to move. The ulna is sometimes thrown upon the *internal condyle*, but it projects posteriorly, as in the dislocation outwards, and the head of the radius is situated in the posterior fossa of the humerus. It may be known by the great projection of the external condyle of the humerus, and by the hollow above the olecranon on the inner and back

part of the arm. Its reduction may be accomplished as in the former dislocation, by bending the arm over the knee, without turning it directly outwards or inwards; for, as soon as the radius and ulna are separated from the humerus by the pressure of the knee, the biceps and the brachialis internus, which have been before kept powerfully upon the stretch, give the bones the proper direction for reduction.

The third *dislocation* is *backwards*. The ulna is sometimes thrown backwards upon the humerus, whilst the radius remains in its proper situation. The deformity of the limb is very great, by the fore arm and hand being twisted inwards, whilst the olecranon projects considerably backwards. The fore arm cannot be extended, nor can it be bent to more than a right angle. It is rather more difficult to detect than the other dislocation of the elbow, but it may be known by the projection of the ulna, and the twisting inwards of the forearm. It is more easily reduced than when both the bones are dislocated; you may do it readily, by bending the arm over the knee, and drawing the fore arm downwards. In addition to the action of the brachialis internus, the radius, by resting on the external condyle, will act as a lever to the fore arm, in

pushing the *os humeri* backwards on the *ulna* when the arm is bent. The *radius* is sometimes separated from its connexion with the coronoid process of the *ulna*, and is thrown forwards, into the hollow above the external condyle of the *os humeri*, and upon the coronoid process of the *ulna*. The fore-arm is slightly bent, but cannot be brought to a right angle with the upper, nor can it be perfectly extended; when bent suddenly, the flexion is checked by the head of the *radius* striking against the fore part of the *os humeri*. The hand is between pronation and supination, but neither can be done perfectly, but it is nearer pronation. By carrying the thumb into the fore part of the elbow joint, and rotating at the same time the hand, the head of the *radius* will be felt to rotate also; and this, with the sudden check to the bending of the fore-arm, are the best marks of the injury. This accident happens from a fall upon the hand, when the arm is extended, and the *radius* receives the weight of the body. In attempting to reduce this dislocation, the hand should be turned supine, the fore-arm should be bent, and extension made from the hand, without including the *ulna*. Numerous and powerful attempts have been made to reduce this dis-

location, and frequently without success; but by attending to the circumstances I have just mentioned, I have succeeded in two or three cases; and I have only seen six of these accidents, and one of these was a patient of Mr. Cline's.

Of the dislocation of the *radius* backwards, I have never seen a case in the living body; but a subject was brought into our dissecting room with this accident; I have no doubt but that it might be easily reduced by bending the fore-arm, but a bandage should afterwards be worn.

The dislocations of the wrist joint are of three kinds. *First*, of the dislocations of *both bones*. This is not of very frequent occurrence; but the bones may be either thrown backwards or forwards, according to the direction of the force applied. If a person in falling receives his weight upon the palm, the carpal bones are thrown backwards, and the *radius* and *ulna* forwards. The marks of the accident are these: a swelling is produced by the *radius* and *ulna* on the fore part of the wrist, and a similar swelling is seen on the back part, with a depression above it. The hand is forcibly bent back. If a person fall on the back part of the hand, the carpus is forced under the *flexor tendons*, and the *radius* and *ulna* are thrown upon the back part

of the hand. These *two projections* become the diagnostic marks of the accident, and will distinguish it from a swelling on the fore part of the hand about the flexor tendons, in consequence of a violent sprain; as in this case there is only one swelling, and it does not appear immediately after the accident, but gradually increases in size. The reduction of this dislocation in either form is not difficult. Grasp the patient's hand with your right and support the fore-arm with your left hand, whilst an assistant places his hands firmly round the arm just above the elbow. Then let both extend, and the bones are soon replaced. The muscles will direct the bones into the proper situation as soon as the extension is made sufficiently. A roller should be applied round the wrist, wetted with an evaporating lotion, and a splint be placed before and behind the fore arm, reaching to the extremities of the metacarpal bones.

The *radius only* is sometimes thrown forwards upon the carpus; in this case the outer side of the hand is thrown backwards and the inner forwards. The extremity of the bone forms a protuberance on the fore part of the wrist. The extension necessary to reduce this dislocation, and the after-treatment, are the same as when both bones are

displaced. The *ulna* is sometimes separated from the radius by the rupture of the sacroform ligament, and it usually projects backwards. It is known by its projection above the level of the os cuneiforme, and by its being easily returned by pressure to its former situation, and by its rising again when the pressure is removed. After you have put the head of the bone into its place, put a compress of leather on its extremities to keep it in a line with the radius. Splints should be placed along the fore arm, and a roller applied over the splints to confine them with firmness.

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## REVIEW.

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*Elements of Phrenology. By GEORGE COMBE, President of the Phrenological Society. With two Engravings. John Anderson, junr. Edinburgh, and Simpkin and Marshall, London.*

The appearance of a work of this description, from the able hand of Mr. G. COMBE, is a source of much gratification to us; it is purely elementary, and requires but a very small portion of attention to fully comprehend every word it contains. We trust it will be perused by those who have so ungenerally abused the science of



Phrenology, and we hope in their future attacks they will show us, at least, that they are acquainted with the elements of that science, and not continue, as they have hitherto done, to attempt the refutation of a doctrine without possessing the knowledge of a single one of those innumerable facts from which it was discovered, and on which it is invariably established.

As many of our readers are yet entirely unacquainted with Phrenology, and most probably have never heard it named unless accompanied with ribaldry, it may not be uninteresting to them to know the circumstances which gave rise to its discovery, and the manner in which Dr. GALL and SPURZHEIM subsequently pursued their inquiries, with a view of perfecting the science. We shall, therefore, give Mr. COMBE's Introductory Observations, containing the above interesting history.

"Phrenology (derived from *phren*, mind, and *logos*, discourse) treats of the faculties of the Human Mind, and of the organs by means of which they manifest themselves; but it does not enable us to predict actions.

"Dr. GALL, a physician of Vienna, now resident in Paris,\* is the founder of the system. From an early age he was given to observation, and was struck with the

fact, that each of his brothers and sisters, companions in play, and schoolfellows, possessed some peculiarity of talent or disposition, which distinguished him from others. Some of his schoolmates were characterized by the beauty of their penmanship, some by their success in arithmetic, and others by their talent for acquiring a knowledge of natural history, or of languages. The compositions of one were remarkable for elegance, while the style of another was stiff and dry; and a third connected his reasonings in the closest manner, and clothed his argument in the most forcible language. Their dispositions were equally different, and this diversity appeared also to determine the direction of their partialities and aversions. Not a few of them manifested a capacity for employments which they were not taught; they cut figures in wood, or delineated them on paper; some devoted their leisure to painting, or the culture of a garden, while their comrades abandoned themselves to noisy games, or traversed the woods to gather flowers, seek for bird-nests, or catch butterflies. In this manner, each individual presented a character peculiar to himself, and Dr. GALL never observed, that the individual who in one year had displayed selfish or knavish dispositions became in the next a good and faithful friend.

"The scholars with whom Dr. GALL had the greatest difficulty in competing, were those who learned by heart with great facility; and such individuals frequently gained from him, by their repetitions, the places which he had obtained by the merit of his original compositions.

\* Born at Kollinbrunn, in Austria, on Feb. March, 1757.

"Some years afterwards, having changed his place of residence, he still met individuals endowed with an equally great talent of learning to repeat. He then observed, that his school-fellows, so gifted, possessed prominent eyes, and he recollected, that his rivals in the first school had been distinguished by the same peculiarity. When he entered the University he directed his attention, from the first, to the students whose eyes were of this description, and he soon found that they all excelled in getting rapidly by heart, and giving correct recitations, although many of them were by no means distinguished in point of general talent. This observation was recognized also by the other students in the classes; and although the connexion betwixt the talent and the external sign was not at this time established upon such complete evidence as is requisite for a philosophical conclusion, yet Dr. GALL could not believe that the coincidence of the two circumstances thus observed was entirely accidental. He suspected, therefore, from this period, that they stood in an important relation to each other. After much reflection, he conceived, that if memory for words was indicated by an external sign, the same might be the case with the other intellectual powers; and, from that moment, all individuals distinguished by any remarkable faculty became the objects of his attention. By degrees, he conceived himself to have found external characteristics, which indicated a decided disposition for painting, music, and the mechanical arts. He became acquainted also with some individuals remarkable for the determi-

nation of their character, and he observed a particular part of their heads to be very largely developed. This fact first suggested to him the idea of looking to the head for signs of the moral sentiments. But on making these observations, he never conceived, for a moment, that the *skull* was the cause of the different talents, as has been erroneously represented; for, from the first, he referred the influence, whatever it was, to the brain.

"In following out, by observations, the principle which accident had thus suggested, he for some time encountered difficulties of the greatest magnitude. Hitherto he had been altogether ignorant of the opinions of Physiologists touching the brain, and of Metaphysicians respecting the mental faculties. He had simply observed nature. When, however, he began to enlarge his knowledge of books, he found the most extraordinary conflict of opinions every where prevailing, and this, for the moment, made him hesitate about the correctness of his own observations. He found that the moral sentiments had, by an almost general consent, been assigned to the thoracic and abdominal viscera; and that while PYTHAGORAS, PLATO, GALEN, HALLER, and some other Physiologists, placed the sentient soul or intellectual faculties in the brain, ARISTOTLE placed it in the heart, VAN HELMONT in the stomach, DES CARTES and his followers in the pineal gland, and DAZZLI-COURT and others in the cerebellum.

"He observed also that a great number of philosophers and physiologists asserted, that all men are born with equal mental faculties; and that the differences observable

among them are owing either to education, or to the accidental circumstances in which they are placed. If all difference were accidental, he inferred that there could be no natural signs of predominating faculties, and consequently that the project of learning, by observation, to distinguish the functions of the different portions of the brain, must be hopeless. This difficulty he combated, by the reflection, that his brothers, sisters, and schoolfellows had all received very nearly the same education, but that he had still observed each of them unfolding a distinct character, over which circumstances appeared to exert only a limited control. He observed also, that not unfrequently they, whose education had been conducted with the greatest care, and on whom the labours of teachers had been most freely lavished, remained far behind their companions in attainments. 'Often,' says Dr. GALL, 'we were accused of want of will, or deficiency in zeal; but many of us could not, even with the most ardent desire, followed out by the most obstinate efforts, attain in some pursuits even to mediocrity; while in some other points, some of us surpassed our schoolfellows without an effort, and almost, it might be said, without perceiving it ourselves. But, in point of fact, our masters did not appear to attach much faith to the system which taught the equality of mental faculties; for they thought themselves entitled to exact more from one scholar, and less from another. They spoke frequently of natural gifts, or of the gifts of God, and censured their pupils, in the words of the gospel, by assuming them, that each would be required to render an account, only in pro-

portion to the gifts which he had received.'\*

"Being convinced by these facts, that there is a natural and constitutional diversity of talents and dispositions, he encountered in books still another obstacle to his success in determining the external signs of the mental powers. He found that, instead of faculties for languages, drawing, distinguishing places, music, and mechanical arts, corresponding to the different talents which he had observed in his schoolfellows, the metaphysicians spoke only of general powers, such as perception, conception, memory, imagination, and judgment; and when he endeavoured to discover external signs in the head, corresponding to these general faculties, or to determine the correctness of the physiological doctrines regarding the seat of the mind, as taught by the authors already mentioned, he found perplexities without end, and difficulties insurmountable.

"Dr. GALL, therefore, abandoning every theory and preconceived opinion, gave himself up entirely to the observation of nature. Being physician to a lunatic asylum in Vienna, he had opportunities, of which he availed himself, of making observations on the insane. He visited prisons, and resorted to schools; he was introduced to the courts of princes, to colleges, and the seats of justice; and whenever he heard of an individual distinguished in any particular way, either by remarkable endowment or deficiency, he observed and studied the development of his head. In this manner, by an almost imperceptible induction, he conceived

\* Preface by Dr. GALL to the "*Anatomie &c. du Cerveau*," from which other facts in this work are taken.

himself warranted in believing, that particular mental powers are indicated by particular configurations of the head.

"Hitherto he had resorted only to Physiognomical indications, as a means of discovering the functions of the brain. On reflection, however, he was convinced that Physiology is imperfect when separated from Anatomy. Having observed a woman of fifty-four years of age, who had been afflicted with hydrocephalus from her youth, and who, with a body a little shrunk, possessed a mind as active and intelligent as that of other individuals of her class, Dr. GALL declared his conviction, that the structure of the brain must be different from what was generally conceived,—a remark which TULPIUS also had made, on observing a hydrocephalic patient, who manifested the mental faculties. He therefore felt the necessity of making anatomical researches into the structure of the brain.

"In every instance, when an individual whose head he had observed while alive happened to die, he used every means to be permitted to examine the brain, and frequently did so; and found, as a general fact, that, on removal of the skull, the brain, covered by the dura mater, presented a form corresponding to that which the skull had exhibited in life.

"The successive steps by which Dr. GALL proceeded in his discoveries, are particularly deserving of attention. He did not, as many have imagined, first dissect the brain, and pretend by that means to discover the seats of the mental powers; neither did he, as others have conceived, first map out the skull into various compartments,

and assign a faculty to each, according as his imagination led him to conceive the place appropriate to the power. On the contrary, he first observed a concomitance between particular talents and dispositions and particular forms of the head; he next ascertained, by removal of the skull, that the figure and size of the brain are indicated by these external forms; and it was only after these facts were determined, that the brain was minutely dissected, and light thrown upon its structure.

"At Vienna, in 1786, Dr. GALL for the first time delivered lectures on his system.

"In 1800, Dr. J. G. BRUNSHEIM\* began the study of Phrenology under him, having in that year assisted, for the first time, at one of his lectures. In 1804 he was associated with him in his lectures, and since that time has not only added many valuable discoveries to those of Dr. GALL in the anatomy and physiology of the brain, but formed the truths, brought to light by their joint observations, into a beautiful and interesting system of mental philosophy. In Britain we are chiefly indebted to his personal exertions and printed works for a knowledge of the science.

"An elementary view of the result of their labours will be given in the following abstract.

"Their method of investigation is free from certain insuperable difficulties, which have impeded the progress of other philosophers in establishing a true theory of mind.

"1. Dissection alone does not reveal the functions of any organ. No person, by dissecting the optic

\* Born at Longsch, near Trèves on the Moselle, 31st December, 1776.

nerve, could predicate that its office is to minister to vision; or, by dissecting the tongue, could discover that it is the organ of taste. Anatomists, therefore, could not, by the mere practice of their art, discover the functions of the brain.

"11. The mind is not conscious of acting by means of organs; and hence metaphysical philosophers who, in studying the mental phenomena, confined themselves to reflections on consciousness, could not discover the material instruments by means of which the mind performs its operations in this life, and communicates with the external world.

"It is ascertained by experiment and observation, that the form of the brain can be discovered, in individuals, in perfect health, and under the middle period of life, by inspecting the cranium.

"The phrenologist compares cerebral development with the manifestations of mental power, for the purpose of discovering the functions of the brain, and the organs of the mind; and this method of investigation is conform to the principles of the inductive philosophy, and free from the objections attending the anatomical and metaphysical modes of research.

"There are, however, parts at the base of the brain, in the middle and posterior regions, the size of which cannot be discovered during life, and whose functions in consequence are still unknown. From analogy and some pathological facts, they are supposed to be the organs of the sensations of hunger and thirst, heat and cold, and of some other mental affections, for which cerebral organs have not been discovered; but demonstrative evidence to this effect being wanting, this

conjecture is merely stated to incite to farther investigation. The frontal sinus is an opening between the inner and outer surfaces of the frontal bone, occurring at the top of the nose. It is found in general after the age of puberty, and extends along the spaces marked *fy* and *21* on the Plate; and throws a degree of uncertainty over the development of the organs indicated by these numbers. In old age and disease it frequently becomes much larger, extending over a variety of organs; but these cases form exceptions to the general rule, and are not proper for observation. In other parts of the skull marked as pointing out the situation of organs, the outer and inner surfaces are either parallel, or the departure from perfect parallelism, where it occurs, is limited to a line, one-tenth or one-eighth of an inch, according to the age and health of the individual. The difference in development between a large and a small organ of the propensities and some of the sentiments, amounts to an inch and upwards; and to a quarter of an inch in the organs of intellect, which are naturally smaller than the others.

"A faculty is a mental power of feeling or of thinking in a certain way. The number of the primitive faculties, so far as discovered, and the kind of feeling or mode of thinking produced by each, will afterwards be explained.

"A mental organ is a material instrument, by means of which a faculty acts, and is acted upon, in this life.

"The following illustration will serve to elucidate these definitions.

"The brain, considered as a single organ, and serving to manifest the mind as a general power capable of existing in different states,

but not endowed with separate faculties, may be likened to a wind instrument, with only one form of apparatus for emitting sound,—a trumpet, for example. If excited with one degree of force, it emits one kind of note, which is the result of the whole metal being in a certain state. If excited with another degree of force, it emits another kind of note, and this is the consequence of the metal being in another state. The number of notes that may be produced will be as great as the variety of states into which the metal may be excited. Now, suppose the first state of the trumpet to correspond to a state of the whole brain in manifesting perception, the second to its state in manifesting conception, and so on, the analogy may be carried to an indefinite length; each state of the trumpet, and each note thence arising, corresponding to an affection of the whole brain, and to a particular mental state accompanying it. This is the notion generally entertained of the functions of the brain, and the mode of operation of the mind: but the phrenological view is different.

“The brain may be compared to another musical instrument,—a piano-forte, having various strings. The first string is excited, and a certain note is produced; the second is excited, and another note swells upon the ear. Each note results from the instrument being in a particular state, but it cannot exist in the state which produced the first note, without the first string; nor in that which produced the second note, without the second string; and so forth. The piano-forte represents the brain as apprehended by the phrenologists; be-

nevolence, for example, is manifested through the instrumentality of one part, veneration through that of another, and reflection by means of a third. The phrenologist studies man in society, and, in comparing the power of manifesting particular mental faculties with the size of particular organs, he resembles a person who, to discover the mode of operation of a musical instrument, should examine narrowly its structure, and make it sound while he observed it.

“The following points are conceived to be established by an extensive induction of facts.

“1st. The mind manifests a plurality of faculties.

“2dly. The brain is the material instrument by means of which the mind acts, and is acted upon.

“3dly. The brain consists of two hemispheres, separated by a strong membrane called the falxiform process of the dura mater. Each hemisphere is an aggregate of parts, and each part seems to manifest a particular mental faculty. The two hemispheres, in general, correspond in form and functions, and hence there are two organs for each faculty, one situated in each hemisphere. The cerebellum in man is situated below the brain. A thick membrane named the tentorium separates the two; but they are both connected with the medulla oblongata, and through it with each other. Each organ extends from the medulla oblongata, or top of the spinal marrow, to the surface of the brain or cerebellum; and every individual possesses all the organs in a greater or less degree. The size of the different cerebral parts lying between the surface and medulla oblongata, is found by observation to bear a relation to the

peripheral expansion of the part; so that, if any organ presents a broad and prominent surface, a corresponding development runs through its whole length. The same rule holds in the case of the olfactory and optic nerves. The size of each of these, in its whole length, is in proportion to its expansion in the nose or eye. This fact may be proved, in a general way, in regard to the brain, by observing that the corpora pyramidalia, in which the organs of intellect originate, are larger or smaller in different animals and different individuals, in proportion to the size of the anterior lobes of the brain, which serve to manifest the intellectual powers; and that the corpora olivaria and testiformia, in which the organs of the animal propensities and sentiments arise, bear a relation to the development of the middle and posterior lobes of the brain.

"4thly. The power with which each faculty is capable of manifesting itself bears a proportion to the size and activity of its organs. The effects of size and activity are distinguishable, and will be explained in a subsequent part of this work.

"The phrenologists consider man by himself, and also compare him with other animals. When the lower animals manifest the same propensities and feelings as those displayed by man, the faculties which produce them are held to be common to both. A faculty is admitted as primitive,

"1. Which exists in one kind of animals, and not in another;

"2. Which varies in the two sexes of the same species;

"3. Which is not proportionate to the other faculties of the same individual;

"4. Which does not manifest itself simultaneously with the other faculties; that is, which appears and disappears earlier or later in life than other faculties;

"5. Which may act or rest singly;

"6. Which is propagated in a distinct manner from parents to children; and,

"7. Which may singly preserve its proper state of health or disease."

## PHARMACEUTICAL CHEMISTRY.

### *Digitaline.*

M. AUGUSTUS LE ROYER lately read to the Society of PHYSICS and NATURAL HISTORY of GENEVA the following paper, on the active principle contained in the digitalis purpurea (foxglove).

In separating, by skilful analysis, the active principles of different medicinal substances, M. PELLETTIER has conferred on science the most important service. The use of these new substances becomes every day more familiar to practitioners. They find in them the double advantage of being able to administer in very small doses a powerful medicine, with the quality of which they are accurately acquainted. Those who direct their attention more particularly to the subject of materia medica, could however occupy their time better than in following the steps of this eminent chemist, viz. by analysing those plants which have hitherto escaped M. PELLETTIER'S notice. Under this impression, I undertook the analysis of the digitalis purpurea, or fox-

glove, of which I subjoin the principal results.

**Preparation.**—I took a pound of the *digitalis purpurea*, such as you buy in the shops, and treated it in the following manner: first, with cold ether, then by this same agent warm, in a retort, so as to be able to elevate the temperature; the liquids thus obtained, after they had been filtered, were of a yellowish green colour, and a bitter taste; the residue, from their evaporation, had a resinous appearance, and an intolerably bitter taste, and which gave to the tongue the same sensation of numbness as is excited in biting the wolf'sbane. This residue, exposed to the air, rapidly attracted the moisture. It became divided into two parts when mixed with distilled water. One of these was kept in solution; the other was precipitated, and presented all the appearances of *chlorophyll*; it was not however pure, but still retained some traces of the bitter matter, which could not be removed entirely, even by repeated ablutions with warm water. The watery solution of the etherized residue turned yellow litmus paper red. I added to it some hydrate of the protoxide of lead, to neutralise the disengaged acid contained in it. The salt of lead which was produced was soluble, and could not therefore be separated from the bitter principle; those which the addition of some earths formed could not be separated either, and I was obliged to have recourse to some other means. I evaporated then to dryness the portion combined with the lead, and mixed it with pure rectified ether. The result of this operation was, that I obtained in solution in

the ether, the active principle of the *digitalis*, disengaged from the substances with which it was in combination; and subsequent evaporation furnished me with a brown ponderous substance, gradually changing to a blue colour the yellow paper previously reddened by an acid. This last character, together with its bitter qualities, approximated it to the vegetable alkalis; from which, however, its extreme liquefaction separated it. This last property prevented it from crystallizing in a distinct and permanent manner; it can nevertheless be ascertained, by the aid of a microscope, that it crystallizes in direct prisms, with rhomboidal bases.

**Properties.**—After having separated the *digitaline*, it was necessary to ascertain that it was this principle that the *digitalis purpurea* owed its powerful properties. Therefore, a grain of this substance (*digitaline*) was dissolved in three ounces of distilled water, and the whole was injected into the abdomen of a middle sized rabbit. At the end of a few minutes, the respiration of the animal became feeble; the pulse, which was previously rapid, fell to 60; and the creature died without the slightest agitation, or indication of pain. This fact is the more remarkable, because rabbits fall into convulsions with great facility.

The injection of poison into the veins, when it is done with the necessary precautions to avoid all accident, is the most certain method to appreciate its effects. Consequently half a grain of *digitaline*, dissolved in two drams of warm water, was injected into the veins of a cat. The animal expired at the end of fifteen minutes, having exhibited the same symptoms as in



the former case. In the few last moments, the respiration fell to six or eight in the minute, and the pulse, weak and irregular, was in a short time not to be felt at all.

A middle sized dog was killed in five minutes by injection into the jugular vein of half an ounce of water containing a grain and a half of *digitaline* in solution.

The arterial blood of these animals, which were destroyed with the *digitaline*, presented a light red tint, and was very slightly coagulable. Examined with a microscope, the red globules which it contained appeared, in the cat particularly, a little deranged, but not decomposed. In a young chicken the red globules were not in the least altered: this observation is in accordance with the most natural and generally received opinion, that the deleterious principle, in solution in the blood, acts directly on the nervous system.

The exceedingly curious experiments which M. FLOURENS has recently published relative to the particular action of different narcotics on certain parts of the brain, led me to ascertain if the *digitaline* did not produce some alteration of this kind. It is possible that more numerous experiments may enable me to discover that it sometimes affects the brain; but by careful dissections already made, with the view of ascertaining this point, I have not found that it does. The sinusses were, it is true, rather gorged with blood, but the cerebral substance did not appear to have undergone any alteration.

#### FOREIGN DEPARTMENT.

FOR some time past we have regularly made known to our readers

most things of interest which have taken place in the medical profession on the Continent as soon as intelligence of them has reached this country. The length, however, of some of the articles contained in the foreign journals frequently compels us to omit them, although it would be of considerable advantage to many, who may not happen to see the originals, that they should be made acquainted with the substance of them. It is our intention therefore, in future, to give an analysis of those foreign journals that rank the highest in the respective countries in which they are published. *Magendie's Journal de Physiologie*, the *Revue Medicale* and *Archives Generales* in FRANCE; *Gräfe's and Walther's Journal*, and *Hufeland's Journal of practical Medicine*, in GERMANY; *Omadei's Annali di Medicina*, in ITALY; and the principal AMERICAN Reviews, are the Journals, of the contents of which we shall present our readers an abstract from time to time. With the French Journals this may be done with some degree of regularity, but with the Italian, German, and American, it will be impossible, on account of the irregularity with which they are received in this country. A plan similar to this was adopted for some time in this country with the English Journals, but we would rather take the Foreign Reviews for two reasons:—First, English Journals are more accessible to Englishmen than the Foreign, and if the former contain valuable matter, every one can obtain and read them, which is not the case as far as regards the Foreign Reviews. Secondly, the English, as compared with the Foreign Medical Journals,

are very barren of information. We will not enter into the cause of this at present; it is a fact which none can deny. The Medical Journals of this country are extremely defective, and on the whole badly conducted; nothing is more rare than to see a sparkling of talent in any of them. On these two accounts we shall confine ourselves to the Foreign Journals, taking care however that nothing of importance in the medical world escapes our notice, either at home or abroad.

#### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

The *Revue Medicale*,† for June, contains a paper on the Inflammation of the Nerves, by M. MARXNET; Chemical Researches on a new Method of detecting the Presence of Hydrocyanic Acid in Animals poisoned by this substance, by M. LASSAIGNE; Remarks on the Use of Belladonna, as a Preventive against Scarlatina, by M. MARTINI; Considerations on the Treatment of Mercurial Irritation of the Mouth by Saturnine Lotions, by M. M. LARONNARDIERE, sen. and jun.; and a paper on Gout, by M. BAYLE. These are the original papers contained in this journal for June, and we shall now proceed to give a condensed account of the first, keeping the remainder till our next number.

#### On the Inflammation of the Nerves. By M. MARXNET.

All the diseases of the nerves are not equally common; some, as those which are classed under the

†The Edinburgh Medical and Surgical Journal, and Anderson's Quarterly Journal must be excepted.

This review is published in the middle of every month.

name of *neuritis*, and which result from pathological modifications that take place in the sensibility of the medullary pulp are of frequent occurrence; others, on the contrary, which depend on alterations of the nervous tissue itself, as tumours, erosions, inflammations, &c. are rarely met with. The rare occurrence of these last affections, and particularly of inflammation of the nerves (which we intend to treat of at present,) depends on the fibro-cellular texture of the covering enveloping the nervous pulp, and the density of the cellular tissue which unites it to the neighbouring parts. The outer covering of the nerve appears to be the only portion of it attacked with inflammation. I am not aware that it has been ever proved that the nervous pulp or body of the nerve is inflamed. Physiologico-pathological phenomena are in accordance with the first proposition; the scalpel of the anatomist does not appear capable of verifying the second; for I am at a loss to conceive how REIL was able to separate the pulp from each nervous filament, in a case of inflammation; and to find a change in the appearance of this substance. Several physicians seem disposed at present to regard the diseases, known by the name of *neuritis*, as inflammation of the nerves; and the various tumours which are occasionally developed between their fibres, as the consequence of chronic phlegmasia, of which Sir EVERARD HOME, MESSIAEN, DUBOIS, MARAUDER, &c. &c. have given examples. Others, on the contrary, dispute the fact, and bring forth cases in support of their position, how, in these affections, the nerves have been found in a

natural state. It must be confessed, that neither of these opinions appears at present to be borne out by a sufficient number of examples to gain partisans among men who are unwilling to be contented with hypothetical conjectures. For our own part, we think that the diseases, known by the name of neuralgic, almost always depend on a continued irritation of the medullary substance of the nerves; an irritation, however, which has no tendency to be converted into inflammation; and, that they, therefore, manifest themselves with symptoms altogether peculiar. M. Martinet relates ten cases in which there was inflammation of the nerves or their covering, from which we extract the two following:

#### CASE I.

*Pain of the median nerve, increased by pressure and motion; demi-paralysis of the fore-arm: pain of the sciatic nerve, speedily followed by paralysis of the thigh;—redness of these nerves, without any increase of their size.*

A woman, forty-three years of age, having always enjoyed good health, although, ever since the age of twenty-two, the menses had not appeared, began to experience, towards the month of March, 1810, pains extending the whole length of the left arm. These pains became stronger and stronger, till they were almost insupportable; they had their seat in the shoulder, the internal parts of the upper arm, and anterior parts of the fore arm, and extended to the extremities of the fingers. A blister was applied to the internal part of the arm, which calmed the pain; but just as this took place, an uneasy sensation, or rather weakness, seized the arm, which continued to be paralysed till a state of numbness

spread all through the limb, which however preserved its sensibility. A fresh blister was applied to the arm, the motion of the limb was restored, and continued to be performed as long as the counter irritation was kept up; but this being suppressed at the commencement of June, the pains returned with so much violence as to destroy all power of motion. The patient experienced, at the same time, a numbness in the limb, a creeping sensation at the extremity of the fingers, and great increase of pain when the internal part of the arm was compressed. The patient was admitted into the Hotel Dieu for a month, and was relieved by counter irritants. When she left, in the beginning of October, she lost the use of the right inferior extremity, after having experienced in it very acute pain. Towards the end of the month (October) she returned to the Hotel Dieu, scarcely able to move herself. An ulcer broke out on the sacrum, and destroyed, in a few days, the right buttock and a part of the thigh; and at last, on the 10th of November, this woman died.

#### *Examination of the Body.*

The brain was rather flaccid. The spinal arachnoid was red, in a great part of its extent. The spinal marrow was sound. The heart was soft.

The left axillary plexus presented the following appearances: the median nerve, at its division from the other branches of the plexus, was of a deep red, to the extent of two inches; the nerve was of this colour, both externally and internally. The anterior branch of the seventh cervical, which goes to form the median nerve, was also

red, but less so than the median itself. The radial, cubital, external and internal cutaneous, were in the natural state. The axillary plexus of the right side was quite healthy. The right sciatic nerve, enveloped with a great quantity of cellular tissue, in a gangrenous state, presented at its superior part, and to the extent of two inches and a half, a deep brown colour, affecting all the substance of the nerve, without having changed its size or consistence. It is worthy of notice, that the gangrene of the thigh, which extended below this portion of diseased nerve, had not produced any alteration in the rest of the sciatic, and consequently, that this change of colour was not the result of the general gangrene. The other nerves of this limb, and the sciatic of the left side, were in the natural state.

#### CASE II.

*Checked perspirations; racking pain of the crural nerve, increased by pressure and motion; heat of the limb; fever. Redness, erythema, increased size of the nerve.*

A man, forty-four years of age, had been affected for eight years with a pain, which was situated in the region of the right sciatic, and which came on after a sudden check to the perspirations, having exposed the body to the cold when covered with sweat. The pain daily increased; when he at last decided on entering the Hotel Dieu. At the time of his admission, the pain was always increased by the impression of cold, and diminished on the contrary by heat; rest afforded relief, whilst the least movement added to the pain; pressure on the crural nerve caused a numbness in the inferior part of the thigh, and a rending pain in

the part compressed; the limb was constantly in a state of gentle warmth, which was perceptible to the hand when placed on the limb. The patient laboured under a slight fever, attended sometimes with evening exacerbations, and a paroxysm of the pain. The man was in this state for three days; he only took baths for his complaint; when, on being chilled, an attack of peritonitis came on, and carried him off on the 12th day from his admission.

#### Inspection of the Body.

The crural nerve, at the point where it leaves the abdomen, presented to the extent of an inch and a half a marked increase of size, which appeared double to that of the opposite nerve; it was of a violet colour, and sprinkled throughout with small red spots of about the size of a pin's head. The cellular tissue which unites the different filaments of the nerves together showed very distinctly the injection of its vessels. This redness, which penetrated almost into the substance of the nerve, was much more marked towards the crural arch than in any other part. The lumbar plexus was in the natural state; the inferior portion of the crural nerve was white, and not at all increased in size.

From the cases which have come under M. MARTINET'S notice, he has adopted the following conclusions:

1. That inflammation of the nerves is one of the causes of neuralgia, but one of those which is least frequently observed.

11. That this inflammation has its seat in the covering of the nerve, and in the cellular tissue which joins together the different filaments which form the nerves.

III. That this inflammation is always marked by a development and increase of pain by pressure on one of the points of the inflamed nerve.

IV. That this inflammation differs essentially from neuralgia, which merely consists in an alteration of the sensibility of the medullary substance, inasmuch as the pain is not always increased on pressure, exceedingly variable in its nature, and uniformly attended with remissions.

The reason for distinguishing between an irritable and an inflammatory state of the nerve, is the difference required in the treatment of each. In the first, M. MARTINET says, that relief in general is only obtained by the exhibition of narcotics or antispasmodics, whilst bloodletting aggravates the complaint. The antiphlogistic plan, on the contrary, almost invariably affords relief when there is inflammation of the covering of the nerve; but it is not always sufficient, because the nervous sensibility frequently becomes altered from the inflammation, and then the two complaints exist together, and require a modification of the two plans of treatment.

*To the Editor of THE LANCET.*

SIR,—In the two or three last numbers of your interesting publication, some students have complained of the manner in which the surgeons of the different metropolitan hospitals discharge their duty to the pupils, who are compelled to attend the practice of these institutions. It is, I believe, acknowledged by all, even by the surgeons themselves, that the present system of conveying instruction is extremely

defective; and little calculated to compensate for the money and time expended in obtaining it. Some surgeons, aware of this, have thought it their duty, from time to time, to deliver clinical lectures, or observations on the most important cases which they have under their care; and I perceive that there is one gentleman (Mr. TYRRELL), belonging to the Borough Hospital, at present pursuing this plan. There cannot be the least doubt that this mode of conveying instruction, is of considerable advantage to the pupils in several ways, and must ultimately be of equal advantage to the surgeon who adopts it. But I think the plan recommended by your correspondent, last week, still preferable to this, viz. "that daily accounts of all interesting cases in the hospitals should be kept by persons expressly employed for that purpose by the surgeon, and that such accounts should be read by the surgeons on their visits to the hospitals, at the bed-side of the patient, or, perhaps, at a little distance from it." Your correspondent has omitted to state how this is to be carried into effect; it may be done with great ease, and I will briefly state how. Belonging to every hospital there are three principal surgeons, and each is responsible for the patients admitted under his care; therefore, if each surgeon were to keep a clinical clerk, whose sole business it should be to take the cases for him (which, of course, would become the property of the surgeon), all the cases in the different hospitals might be easily taken, and be ready for the surgeons when they went round the wards. If this plan were pursued, no greater benefit could be conferred on the pupils, and nothing could

threw a brighter lustre on the character of the individuals who adopted it.

The real good to be derived from this, as in all other plans, would depend on the mode in which it was carried into effect. The surgeons should employ persons of ability, whom they may have under control, and not trust to the *honorary* exertions of individuals, who, perhaps, neither very competent nor willing, would only render the measure abortive. The mention of *honour* reminds me of the following passage, which it may not be amiss to quote; and which may teach the surgeons what they have to expect from those on whom honour is the only operating motive. "Can honour set a leg? No. Or an arm? No. Or take away the grief of a wound? No. Honour hath no skill in surgery then? No. What is honour? A word. What is that word honour? Air; a trim reckoning! Who hath it? He that died o' Wednesday. Doth he feel it? No. Doth he hear it? No. Is it insensible then? Yea, to the dead. But will it not live with the living? No. Why? Detraction will not suffer it:—therefore I'll none of it. Honour is a mere scutcheon, and so ends my catechism."

CANTAB.

Bartholomew's Hospital,  
Aug. 10.

*To the Editor of THE LANCET.*

SIR,—The observations in the last number of your admirable journal, upon the new *Humbly Society of Physicians*, were most proper and convincing.

One part of your statement, however is incorrect, that relating to the apparent transgression of their

own most absurd regulations. The doctor you allude to does not practise midwifery; he is only consulting physician to the Queen's Lying-in Hospital, as Dr. Maton is to the Westminster Lying-in Hospital, an office merely nominal, although Dr. Copeland worked heart and soul to obtain it, and takes excellent care to publish it to the world, with his other titles, on the russety brown cover of his old woman's periodical.

By the bye, I have heard, that when there were some cases of the puerperal fever in the Queen's Hospital last spring, Dr. C. took the very liberal step of reflecting on the practice of the responsible officers of the house, and insinuated to the Committee, that he could cure all the cases without trouble. The "puppy" was taken at his word, and four cases were put under his care. As he had read somewhere or other, for he is a gourmand at reading, though he has a bad digestion, that oil of turpentine cured puerperal fever, he gave each of the cases that medicine, and three out of the four died! I need not tell you the opinion of the Committee afterwards.

So much for the worthy doctor.  
Your constant reader and admirer,  
M. D.

Aug. 9, 1894.

*To the Editor of THE LANCET.*

MR. EDITOR,—I have long admired your fearless exposures of the arts by which the dignity of the medical profession is lowered, but

\* In the usual acceptation of the word puppy we should be the first in the world to assign to Dr. CORNARUS that dandy appellation.—*Ed. L.*

now methinks you begin to run a-muck, and that while you destroy the cobwebs in which the unwary are caught, you attempt as well the destruction of the best institutions. I am led to this observation by the attack in your last on the newly-formed society of the United Kingdom Physicians, or the Imperial Society, as they may be called. It is an object of my greatest ambition to be a brother of so distinguished and learned a body, and, as I have no doubt of my admission, I shall reply to your several aspersions as if I were already a K. U. or Imperialist.

In the first place you sneer at our sole object, the advancement of medical science, which you are pleased to call a mere pretence to advance our pecuniary interests. You insinuate that this is but a cloak, and an ill-made one too, as exposing both our empty pockets, and tattered pedestrian shoes to the most careless observer. Now, Sir, were the members, whose names are printed in the prospectus, or the major part of them, a poor beggarly crew, without practice and without character, foiled in their attempts to acquire celebrity by other arts, and jealous of the success of others, there might be a shadow of reason in your suspicions; but what is the truth? Read, read the list of celebrated names, and blush for your audaciousness. There is not one name in the whole list that is not justly illustrious. The ten members constituting the society who you say have determined to make themselves conspicuously ridiculous are Hancock, Shearman, Tweedie, Roberts, Temple, Copeland, Cleverly, Uwins, Birkbeck, and Clutterbuck; a list which I am proud to record as the founders of this

ever-to-be-admired society. Whose name, I should be glad to know, is better known or oftener to be met with than Dr. Uwins? It appears in print nearly as often as Dr. Hady's. Does not every monthly magazine contain a sample of the inexhaustible store in his mind? Have you never seen his name on the back of that much valued work the Medical Repository, where the sign by which the illustrious Copeland is known amongst men now shines? It is not Dr. Uwins' name only that is so conspicuous, but his face likewise. Observe with what eagerness our artists intreat his permission that they may delineate his portrait. On several occasions within four years past, has it graced the walls of Somerset House. This I conceive to be a true test of eminence, as well as a dignified mode of publicity. Hippocrates and Esculapius have long had such honours given them by painters. The monthly effusions alluded to, and exhibitions on the walls of a gallery, are by no means the same thing, as some invidious men pretend, as the papers on medical matters that are put into our hands in the streets and the well-chalked names on walls. Again, whose name fills the public ear more than Clutterbuck's? Was it not he that discovered that the fits of ague depend on repeated inflammations of the brain? And I cannot but take this opportunity of convincing you of the united genius of the united Physicians, by directing your attention to the admirable scheme of attaching Dr. Clutterbuck's name to the end of the Committee, for the evident purpose of attracting the public attention to its designs more speedily, on the same principle that (to use a homely comparison) the public may be quickly

apprised of the madness of a dog by attacking to its tail a tin-pot or a clatter-box.

Secondly; you ridicule the inconsistency that a member of this society, one of whose resolutions excludes all those physicians that practice midwifery, should be a medical officer of a lying-in institution. You may as well assert, as a matter of importance, the inconsistency of Dr. Uwins' writing papers for the Transactions of the Apothecaries at the same instant nearly that he is supporting this plan of exclusion. These are bagatelles, and lost in a blaze of excellence. The principle of exclusion upon which the Society is built is admirable. It is a sign of those radically reforming times, the wish to demolish old established exclusion expedients. Although we detest money for any personal good it may bring, still, being a means of carrying benevolence into effect, it may be prized on that score, and Dr. Eady's success proves that exclusion is a good method of obtaining it. Is not the college itself the great model of exclusion societies, and has any liberal mind ever conceived any thing unworthy in its system of exclusion? We admire this so much in the College, that we will condescend to open our door to them. Would the College of Surgeons be graced with so many eminent names of assistants but on this principle? with the Norrises, Harveys, Forsters, Blistards, &c.? Is it not owing to exclusion that our hospital surgeons are the flowers of their profession; that our medical school at Edinburgh is so eminent for genius in its present teachers? Why should we admit such as have not gone through the prescribed course at medical schools having the power of conferring de-

grees? Is it possible that a man, who may have at first intended practicing as a surgeon or general practitioner, but, after finishing his education to qualify him as such, may have inclined to physic, without deeming it necessary to make a school-boy routine of attendance on common-place lectures—is it possible that he can practice physic? No such thing. Were Harvey, a graduate of Padua, and Dr. W. Hunter, a practitioner in midwifery, living, we would not associate with them; and the idea of Dr. Good's admission—we allow him, if you please, to be a very accomplished physician—is, for the just reasons assigned, perfectly nauseous.

In fine, sir, we, Drs. Uwins, Shearman, Roberts, Hancock, &c. seeing that the genius, as we have said in the prospectus, has been only *considerable*, that has been hitherto unsuccessfully applied to medicine, are determined to try what *consummate* talent can do, and “a union of the talents of its professors,” which has hitherto not been thought of: and, as our first object is “the discussion of subjects connected in any manner with the science of medicine,” we have determined to exclude from our body all those more likely than ourselves to give information on those parts which are not *immediately* connected with the *practice of physic*. We are not, sir, as your insinuation represents us, poor, unknown, disappointed, and envious creatures, making a bold push at a new art of quackery, founded on the basest principles, but prosperous and celebrated characters; anxious to adopt that expedient universally known to be the best, to promote science, which is our sole object in forming a society. X. X.



# ON LITRIC JUNTAS IN THE METROPOLIS.

John Walker, M. D., Director to the Royal Jennerian and London Vaccine Institutions, to the Editor.

Read Court, Walbrook,  
1 viij, 1824.

FRIEND,

Besides the London Medical Society, the Medico-Chirurgical and the Hunterian; as well as the similar associations at the different hospitals of this metropolis; all upon the liberal principle, "*que la veritable science ne connait point des ennemis*;" in other words, that, while there is some difference in the duties of the three different practitioners—the Apothecary, the Surgeon, and the Physician—when met together, for the discussion of medical subjects, every idea of any thing like rank in the profession, as entertained in the public mind, at Carlton House, or in the Herald's Office, is naturally, and, in free debate, necessarily extinct. The member who would assume, or who would render to another, any particular respect or attention, for any other reason than that of the importance of his scientific observations, would only render himself ridiculous in the eyes of his fellows.

Besides the societies already formed, another has just now sprung up among certain members of the college in Warwick Lane, under the designation of "The Society of Physicians of the United Kingdom."

Their first meeting, consisting of so small a number as that of the righteous persons who would once have saved a city in which the family of Lot had their dwelling, was held June the 17th, at the house of Doctor Shearman; their first general meeting to take place at the

house of Dr. Birkbeck, in the evening of the second Thursday in October next. Signed C. B. Roberts, Sec. pro temp.

Among their regulations it is unanimously resolved, that no person be a member of this society who is engaged in the actual practice of Surgery, Pharmacy, or Midwifery: thus forgetting the rock from which they were hewed; forgetting that they, themselves, received their earliest and perhaps best lessons behind the counter, ere they left the shop, to help to form the heterogeneous mass of attendant boys, scrambling for the best places on the benches where they sat to hear the professors at college repeat their *prelectiones*.

In another regulation they seem to assume a loftier station than the Royal College, which, *speciali gratia*, from time to time, hurls upon the town a practitioner thus rendered regular, whose popularity, and whose calls to a royal couch, sometimes seem to eclipse the most dazzling eclat of the most ancient of the fellows. The United Kingdom's Society does not recognize such liberal proceedings of the London College, if happening subsequently to the close of the last century. Connivance at previous partialities seems quite requisite to the getting up of this modern minor model of professional aristocracy.

The regulation is, that the society consist of such persons only as have actually prosecuted the study of Medicine in a University, for the period prescribed by its regulations, and who, having subsequently submitted to the usual tests and examinations, have thereby obtained the degree of Bachelor or Doctor in Physic. But Members of the London College, whether Fellows or

Licentiates, admitted prior to the year 1800, are eligible.

N. B. There are universities in our island where eligibility is the aspirant, not any observance of term-trotting, obtains him at once their academic honours. Of term-trotting having been strictly observed since and during the year 1800, the new society seems particularly tenacious; because the Royal College having, of later times, laid on the candidates for their licence the obligation of submitting to a period, as by themselves prescribed, of previous term-trotting, do yet, *speciali gratia*, occasionally connive at the omission of it.

One of the proposed objects of the incipient junta is, the effecting of whatever may tend to advance the interests and dignity of the Professors of the Science of Medicine, the regularly educated Graduates in Physic, say they, of the Universities of the United Kingdom. Now it happens, that all the members of this junta, who have been at college, have had foreign as well as native graduates among their teachers, and they have not all been confined to lectures in the English language, or to lectures in our native idiom. Moreover, the most eminent Fellow of the London College of Physicians, who are the *permittentes* of all the members of this society; the man before whose day the laws of organic life lay hid, under an impenetrable veil, through every age; who, in the 17th century, made the important discovery of the circulation of the blood, whereby the means was first obtained of forming any thing like a rational conjecture on the economy of animal life; and whereby the economy of vegetable life has also become approachable,

Dr. William Harvey, was a graduate of Padua. And, his successors, seeming to consider science like the air we breathe, not appertaining exclusively to any particular climate, do not oppose themselves to the examination of Graduates in Physic of other Universities on the same terms that they examined the major part of the Members of the Society of Physicians of the United Kingdom.

FAREWELL.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### Case of Enlargement of the Knee Joint.

Elix. Cox, *ætat.* 30, servant, of a fair complexion and strong constitution, was admitted into Lydia's Ward of this Hospital, under the care of Mr. MORGAN, March 3d, 1894, with an enlargement of the right knee joint. The complaint was brought on in the following way:—in the middle of the year 1893, she felt a little uneasiness in the right knee, and in the month of September, of the same year, she slipped her foot on a piece of mola, one day whilst in the kitchen, and struck the knee which she had before felt uneasy. The limb remained just in this state, without compelling her to give up her situation, till June, 1894, when she was seized with an attack of inflammation in it, for which the part was bled, blistered, &c. Just at this time she came to St. Thomas's Hospital, under the care of Mr. FRANKEL, who ordered that the limb should be kept quite at rest, and bandaged with camp pipe-

ter. At the end of nine weeks she left the hospital, being able to walk pretty well. From taking too much exercise, the knee became affected as it had been before, and she came to the hospital again, under the care of the same gentleman, by whose advice and attention she had been previously so much benefited. The same means as before were resorted to, but without at all affording the relief they had done on the former occasion. Leeches, issues, blisters, cupping, poultices, bandages, straight position, semi-flexed position, every thing which the mind could suggest, was tried alternately, without subduing the complaint in the least. She remained in the hospital for near eighteen months, when she was obliged to leave, on account of the length of time she had been in the Institution.

At the time of her admission into this hospital, the cartilages of the knee joint were ulcerated, the tibia was thrown forwards, the knee was swollen, and painful when flexed in the least, and there was a small sinus at the outer part of the joint, from which a good deal of matter had discharged; of late the quantity had lessened. Her general health, up to this time, had never been materially affected. The limb was ordered to be put into a fracture box, and to be bandaged from the foot upwards to above the knee, with the view of producing anchylosis. The bandaging produced so much pain that it was obliged to be discontinued, and the old plan of poulticing the knee again adopted. At this time her health began to suffer very much; she had frequent shiverings, a hectic look, cough, sickness, and loss of appetite. The limb was also very

painful. In a short time an evident fluctuation could be felt on the inside of the joint; an abscess formed, which broke, and gave vent to a considerable quantity of matter. The constitutional irritation kept up at this period was so great that, on two or three occasions, it was feared that amputation must have been performed, as the only means of preserving life; but on account of her extreme weakness it was postponed. Lately, her general health has improved; and, two or three weeks ago, Sir ASTLEY gave it as his opinion, that the limb might be saved. She is (August 12th) considerably better, the knee is kept poulticed, and on the inside of it there is a wound of the size of a shilling, from which a good deal of discharge comes. The integuments are not much discoloured. The tibia projects forwards. As this case will of course be one of very long standing, we shall only notice it again, for the purpose of giving the result, unless any thing should occur worthy of remark.

The female, whose external iliac was tied three weeks ago, by Mr. KEY, is doing very well. The cases operated on by Sir ASTLEY, a fortnight ago, are also in a fair way. Mr. MORGAN's external iliac case died this week; but there was considerable disease found in different parts of the body on examination. Just above the point where the ligature was put, there was a moderate sized aneurism, and the femoral artery of the same side, just as it passes under Poupart's ligament, was dilated.

The operations performed this week, are the removal of a carcinomatous breast, and an amputa-

tion of a leg above the knee for scrofulous disease; by Sir ASTLEY COOPER.

The principal accidents are a fractured thigh; two fractured patellæ; fractured tibia and fibula; fractured clavicle, ribs, and inferior maxillary bone, in the same person; and laceration of the thigh from a steam engine.

The last-mentioned accident happened in a lad of eighteen years of age, by the thigh getting entangled in a steam engine. He was brought into the hospital on Friday evening (August 6th), about five o'clock. There was an extensive laceration on the outside of the thigh, extending from a little below the trochanter to the poples. The bone itself was fractured at the condyles; the ligamentum patellæ ruptured; the tendons of the extensors of the leg exposed; and the muscles on the external part of the limb exposed. Considerable quantities of blood had been lost between the time of the accident and his arrival at the hospital, a space of two hours. The surgeon (Mr. KEY) was sent for, who arrived a little after six. Conceiving it quite impossible to preserve the limb, so extensively injured as it was, he removed it, at a very short distance from the joint; but the patient only survived three hours and a half. About twelve ounces of blood were lost during the operation.

#### ST. THOMAS'S HOSPITAL.

The following case of hernia humoralis is the one alluded to by Mr. TYRRELL, in his Clinical Lecture last week:

William M., aged 31, labourer, came into St. Thomas's

Hospital, George's Ward, July 22, under the care of Mr. TYRRELL, with a swelling of the left testicle, supervening on the stoppage of a gonorrhoeal discharge. For some time before the man applied to the hospital, he had been labouring under a gonorrhoea; and about a fortnight or three weeks after, the discharge appeared (during the continuance of the inflammatory stage), he took some balsam copaiba, which suddenly stopped the running. The stoppage of the discharge was immediately followed by a swelling of the testicle. At the time of his admission, the testicle was enlarged and painful, more especially at the upper and back part, and the pain reached the loins.

Mr. TYRRELL directed him to lie on his back; to have leeches applied to the part every day; to take calomel and colocynth (five grains of each) every night. By attending to these directions, and frequently leeching the part (we believe that the dresser said 130 leeches had been applied) the complaint gradually subsided.

Aug. 3d.—The testicle is much reduced in size; the pain has left it; and the discharge from the urethra has returned. Mr. T. ordered the patient to-day to have balsam of copaiba mixture, of which he is to take a small quantity only to begin with.

10th.—The testicle is quite well, and the discharge is going away; still takes the balsam of copaiba mixture.

There are few cases of interest in the house at present. Dr. ELLIOTSON lately tried the ammoniacal injection, in a case of amenorrhoea, which was in Dorcas's Ward, and

with the most complete success. The patient used the injection for the space of between five and six weeks, according to Dr. LAVAUR's plan, and at the expiration of that time the morbus cessavit.

There is another patient in the same ward who has amenorrhœa, and who has been trying the injection of opium for some time; but in this case it has not succeeded. The patient is not a favourable subject for the trial of this remedy, as she is also labouring under acute rheumatism of the wrists.

Acupuncture is tried a good deal in this institution at present, but we are not acquainted with the results of all the cases in which it has been performed. There is a case of bronchocele, under the care of Dr. ELLIOTSON, in Isaac's Ward, evidently improving under the use of the tincture of iodine. The patient is about eighteen years of age, and takes as much as ninety drops of the tincture, three times a day, without experiencing the slightest inconvenience.

The operations performed here this week are, the removal of a finger, by Mr. TYRRELL, and a thumb, by Mr. THOMAS (Mr. PEARSON'S dresser). The only accident of importance, admitted, is the person whose thumb was amputated.

Clinical Lecture in our next.

Mr. BRANBY COOPER, on Monday last, concluded his Maiden Course of Anatomical Lectures and Demonstrations. He has been at-

tended by very numerous classes of students, and, without exception, have been successful in their examinations at the College. We congratulate Mr. C. on his success.

The Middlesex, Westminster, and St. George's Hospitals in our next.

### PURULENT OPHTHALMIA.

This disease, which is an inflammation of the eyes, attended with a profuse discharge of purulent matter, is at the present time very prevalent in London. It is of an exceedingly contagious nature, and those individuals who have the care of schools, or of large establishments, should be particularly cautious to prevent the propagation of the complaint, by not allowing the diseased persons to be placed in immediate contact with the healthy, whether by sleeping in the same beds, or by using the same towels.

### MARRIAGE.

On the 11th inst. at Alfreton, Derbyshire, Mr. H. Walters, Chemist of that place, to Mary, only daughter of B. Rickards, Esq.

### DEATH.

At Ashby-de-la-Zouch, on the 2d inst. Tho. Kirkland, sen. Esq. surgeon, aged 64.

### TO CORRESPONDENTS.

We wish to write to X. X.;—where can we address?

The letter of "Englisher" shall appear in our next.—"English Surgeon," and "Hospital Student," if possible.

Other Correspondents must stand over.

# THE LANCET.

VOL. IV.—No. 8.] LONDON, SATURDAY, AUGUST 21, 1881. [Price 6d.

## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

### LECTURE 71.

#### *Dislocations of the Bones of the Carpus.*

GENTLEMEN,

A dislocation of a carpal bone is of very rare occurrence, and generally happens from a person, when falling, receiving the weight of the body on the part; and it is also sometimes attended with a fracture of the radius. It has happened also from relaxation of the ligaments of the carpus. I have known the os magnum and the os cuneiforme thrown out of their natural situation from this cause, and form a projection at the back part of the wrist on bending the hand. This deprives the person of the power of using the hand, unless the wrist is at the same time supported. In these cases, straps of adhesive plaster should be braced rather tightly about the wrist, to support and strengthen it; and over these you should put a bandage,

which would afford it additional support. Pumping cold water upon the hand, from a considerable height, is also very useful, and rubbing the parts afterwards with a coarse towel gives vigour to the circulation, and increases the strength of the joint.

Sometimes ganglia are mistaken for dislocations of the carpal bones, but these are easily removed, by striking them smartly with the flat surface of a book, and the supposed dislocation immediately disappears.

A compound dislocation of the carpal bones frequently happens; it arises generally from the bursting of guns, or the hand being caught in machinery. In these cases, one or two of the carpal bones may be dissected away, and the patient recover without losing his hand, and also preserve a considerable degree of motion in the part. If however greater injury be done, amputation is generally necessary.

I have seldom seen the meta-carpal bones dislocated, except as the result of excessive violence. They are so firmly connected with

the bones of the carpus, that great force is necessary to separate them, and so much injury is done to the parts that amputation is generally required. These cases usually happen from the bursting of guns, or the passage of heavy bodies over the hand. If it should happen that the metacarpal bones of the middle and ring finger require to be removed, you may bring the fore and little finger so nicely together as to produce little deformity; that is, if you can succeed in procuring union by adhesion.

*Dislocations of the fingers, and toes,* are accidents of rare occurrence; for, in addition to their capsular and lateral ligaments, their articulations are powerfully strengthened by the extensor and flexor tendons. When the accident does occur, it is more frequently found between the first and second phalanges than between the second and third. It can be readily ascertained, by the projection of the first phalanx backwards, while the head of the second can be felt on the fore part, although less distinctly. If it has not been dislocated many hours, you can easily reduce it; but if it has been neglected at first, the reduction can only be accomplished by long-continued extension, and that very steadily applied. It should be re-

collected, to give the joint a slight inclination forwards, to relax the flexor muscles. I would never advise you to divide the ligament of the joint in order to facilitate its reduction.—No, I have seen too much evil attending it ever to recommend such a practice. The dislocations of the toes are rather more difficult to reduce than the fingers, as the phalanges are much shorter, and the parts less easily moved, from their being more stiff. A toe or finger is sometimes thrown out of its natural situation by the flexor tendon and thecæ, or even the palmar fascia, becoming contracted, as the effect of chronic inflammation, from excessive action of the parts, as in rowing, or plunging. When the thecæ are contracted, nothing should be attempted, as no operation will succeed; but when a thickened band of fascia appears to be the cause of the contraction, it may easily be divided, by a pointed bistoury introduced through a very small wound in the integument. The finger should be then extended, and kept in this position by a splint.

*Dislocations of the Thumb.*—

On account of the numerous strong muscles inserted into the thumb, its dislocations are very difficult to reduce. These muscles necessarily offer great resistance when the ac-

tempt is made to restore the parts to their proper situations, and I consider therefore the dislocations of the thumb some of the most difficult to reduce, especially if any time be allowed to elapse after the accident before the attempt at reduction be made.

The *metacarpal bone* is sometimes dislocated from the *os trapezium*. I have seen many cases of this accident, and in most of them I have found that it has been thrown inwards, between the trapezium and the root of the metacarpal bone of the fore finger. Considerable pain and swelling are produced by this accident, but you may detect it by the protuberance formed towards the palm of the hand, by the thumb being bent backwards, and not allowing of its being brought towards the little finger. What I have before said respecting the relaxation of muscles inserted into a dislocated part, is particularly necessary to be attended to here. You know that the flexor muscles are much stronger than the extensors, and you will therefore very much facilitate the reduction by giving the thumb a little inclination towards the palm of the hand, in this manner the flexors may be relaxed, and their resistance diminished. The extension must be steadily continued for a

considerable time, as no sudden violence will effect the reduction. The mode of doing this I shall describe presently. If the bone cannot be reduced by simple extension, it is better to leave the case to the degree of recovery which nature will in time produce, than run any risk of injuring the nerves and blood vessels by dividing the muscles or ligaments. A compound dislocation of this bone is sometimes produced by the bursting of guns, but in these cases you can easily return it to its natural situation; and if the flexor tendon should have escaped unhurt, the person may recover useful motion of the part. You should bring the integuments together as nicely as you can, confine them by a suture if necessary, and over this put a piece of lint dipped in blood, which is the best application; if necessary, you must apply a poultice, but where the bruise has not been very considerable, it will heal by the adhesive process. A case of this kind occurred a short time since, from the explosion of a powder-flask, in the hand of a young gentleman, at Brentford; the thumb was only connected to the hand by the tendons of the long extensor and flexor; it was treated in the way I have just recommended, and passive motion employed at the end of



a fortnight, and the motion of the middle and first fingers between the joint so restored as to use it in fore-finger and thumb of the patient, and thus make counter-extension whilst the surgeon, assisted by others, draws the first phalanx from the metacarpal bone inclining it at the same time a little towards the palm of the hand. If the efforts made in this way, after having been continued ten or fifteen minutes, should not succeed, then it will be necessary to adopt another plan, which is this:—in addition to the apparatus already employed, let a strong worsted tape be carried between the metacarpal bone and fore-finger, bend the fore-arm round a bed-post, and let the tape be firmly tied to it, so as to prevent the hand yielding when extension is made.

*Dislocation of the First Phalanx.*

—In the simple dislocation of this bone, you find it thrown back upon the metacarpal bone, where it forms a projection; and the lower part of the metacarpal bone projects inwards, towards the palm of the hand. The thumb may be brought towards the fingers, but the flexion and extension which are performed between the metacarpal bone and the first phalanx are prevented by the dislocation. Here also the dissection in which the extension is to be made must be attended to, the thumb should be bent towards the palm in order to relax the flexor muscles, and the mode of applying the extending force is as follows, which may be generally adopted in dislocations of the toes, thumb, and fingers:—In order to relax the parts as much as possible, the hand should be soaked for a considerable time in warm water, a piece of wetted wash leather is to be as closely wrapped round the first phalanx as possible; a tape about two yards in length should be fastened on the leather with a knot which will not slip, such as the sailors call the clovehitch. An assistant should now firmly press on the metacarpal bone by putting his

To the tape surrounding the first phalanx a pulley is to be applied and extension made, which will generally succeed. With the greatest care and attention, and with the most persevering efforts, you will sometimes fail in reducing this dislocation where it has been neglected, and much time allowed to intervene between the occurrence of the accident and your attempts at reduction. Although this should be the case, no division of the parts should be made, as the patient will have after a time a very useful thumb. In compound dislocations of the first phalanx, if the wound be large,

and yet much difficulty in the reduction, I would advise you rather to saw off the extremity of the bone than injure the parts farther by the pressure which would be necessary. Lint dipped in blood should be applied to the wound, a roller lightly passed round, and evaporating lotions be used for several days until the wound be healed. If passive motion be begun early, a very useful joint will be formed.

A *Dislocation of the Second Phalanx*, when simple, will be best reduced by grasping firmly the back of the first phalanx with your fingers, and placing the thumb on the forepart of the dislocated phalanx, then bending it on the first as much as you can. In this way you may lift the second over the lower part of the first phalanx by making your thumb the fulcrum. When there is a compound dislocation of this joint, in addition to the sawing off the ends of the bone, you should pare the ends of the tendon smoothly with the knife, and if you then bring them together they will unite. Passive motion should be begun at the end of a fortnight or three weeks.

*Of Dislocations of the Lower Jaw.*—The lower jaw is subject to two species of dislocation, the *complete* and *partial*. When the jaw is completely dislocated, both its condyles are advanced into the

space between the surface of the temporal bone and zygomatic arch. When it is partial, one condyloid process only advances, whilst the other remains in the articular cavity of the temporal bone.

The jaw is known to be completely dislocated by the mouth being open, and the patient not being able to shut it, or by any pressure which you may make on the chin. The lower teeth will be found in a line anterior to the upper. You may depress the jaw a little, but to a very inconsiderable extent. The appearance is just that of a person when yawning. There is a depression just before the meatus auditorius, from the absence of the condyloid process from its cavity, and there is a projection of the cheeks from the coronoid processes being advanced towards the buccinators. The pain, although severe, is not attended with any dangerous consequences; a considerable degree of motion is recovered by time, and the jaws nearly approximated. The saliva is very much increased in quantity, in consequence of irritation of the parotid glands, and it dribbles over the mouth. A blow upon the chin when the mouth is widely opened will cause this accident. Yawning very deeply will also sometimes produce the same effect. The lower jaw has been also

dislocated in the attempt made to draw teeth by a sudden action of the muscles when the mouth has been too widely opened. In the partial dislocation of the jaw, the mouth is not so widely opened as in the complete dislocation, but the patient cannot close it by the condyloid process on one side being advanced under the zygoma. This accident is easily distinguished, by the chin being thrown to the opposite side of the dislocation, the incisor teeth are advanced upon the upper jaw, but are no longer in a line with the axis of the face. When you are first called to this accident, the patient presents a very ludicrous appearance, from the twist which is given to the face; it is on the whole, however, a serio-comic spectacle. These dislocations are generally *reduced* by wrapping a handkerchief around the thumbs, placing them on the coronoid processes, and depressing the jaw; you force it backwards as well as downwards, and the bone suddenly slips into its place. In a recent dislocation this mode will succeed very well, but not so easily as the modes which I shall presently describe to you. I should advise you to place some body that will not injure the gums, behind the molar teeth on each side of the mouth, and for this purpose I know no better material than two

corks, and then raise the chin over them. This practice is very effectual in reducing the dislocation, and is less likely to injure the bone or the soft parts. I have also used two forks for the same purpose, having wrapped a towel or handkerchief round their points, I carried their handles into the mouth on each side behind the molar teeth, they were then held by an assistant, and drawing the chin towards the upper jaw, the bone was easily and quickly reduced.

Mr. Fox, the late dentist, has used a lever of wood about a foot long: he placed the end of it on the molar tooth on one side, he then supported the outer part of the piece of wood with one hand, and depressed the end on the tooth with the other, and with the force thus used he succeeded in reducing the jaw; he then did the same on the other side, and thus completely replaced the bone. This mode is best adapted I think for the cases in partial dislocation; but I generally prefer the corks, the recumbent posture and the elevation of the chin.

An imperfect dislocation of the jaw sometimes happens from a relaxation of the ligaments, something in the same way as that in which the thigh bone is thrown from the semilunar cartilages. The jaw appears to quit the insertion

cular cartilage of the temporal cavity, slips before its edge, and fixes the jaw, the mouth being at the same time slightly opened. The natural efforts generally restore the situation of the parts, but I have seen it continue a length of time, and yet the motion of the jaw and the power of closing the mouth has returned. You must, in your attempt to return the jaw, press directly downwards, by which you separate the jaw from the temporal bone, and allow the cartilage to replace itself on the extremity of the condyloid process. A snapping is sometimes heard when the bone is returned to its socket. Young women are generally the subjects of this complaint, and I have frequently found the ammonia and steel, with the shower-bath, and a blister before the ear, remove the disposition to the reappearance of the accident. They accomplish this of course by giving a general tone to the system, and also to the relaxed parts. When the jaw has been once dislocated it is easily displaced again from a slight cause, and therefore the motions of it should be limited; this will be best done by making a hole in the middle of a broad tape, to receive the chin, and split the ends into two parts, bring one over the top of the head, and the other over the occi-

put, and the tendency to subsequent luxation will be prevented.

I shall now proceed to speak of *Dislocations of the Hip Joint*;—and perhaps it may cause no little astonishment with some of you, when I say, that there was a period in the history of surgery, and that not very remote, in which the dislocation of the thigh bone was considered an impossibility; but, gentlemen, such is the general advancement of the science, and such are now the opportunities of acquiring information, and such the improvements of modern surgery, that *pupils* now know much more than their *professors* formerly did. As a proof of this I can tell you, that the dressers of Guy's Hospital a short time since, were not only able to distinguish this dislocation, but they knew also how to reduce it, and actually accomplished it without even having occasion to send for the surgeon.

I have seen the thigh-bone dislocated in four directions; I. *upwards*, or upon the dorsum of the ilium; II. *downwards*, or into the foramen ovale; III. *backwards* and upwards, or into the ischiatic notch; IV. *forwards* and upwards, or on the body of the pubis. (*The Lecturer now mounted a chair, and imitated the positions of the dislocated limb in the re-*

inches, according to the duration of the accident, yet by extension you may restore the natural length of the limb, but the limb is again shortened immediately on your removing the extending force. If, when you have drawn down the bone, you rotate it, you can distinctly feel a crepitus, but this ceases to be felt when the limb is allowed to be again shortened. Fractures of the neck within the capsular ligament occur but rarely except in advanced periods of life, and produced by slight causes; and this is owing to the interstitive absorption which this part of the bone undergoes in age. Thus then, you see, that the increased mobility of the parts, the easy extension of the limb, and its then producing a crepitus, will readily distinguish the one accident from the other. No man who possesses a good knowledge of anatomy, or who has paid attention to his profession, could ever confound dislocations arising from violence with diseases of the hip joint. The gradual progress of the symptoms, the pain in the knee, the apparent elongation at first, and the real shortening afterwards, the power of motion remaining, yet that motion producing pain, especially under extremes of motion, are marks of difference which must strike the most careless

The consequences of a disease of this kind, when it has existed a great length of time, are such a change in the situation of the parts from ulceration of the ligaments, head of the bone, and acetabulum, as to make the limb appear like a dislocation. But the history of the case at once points out its nature.

The dislocation on the dorsum ilii is produced by the patient falling when the knee and foot are turned inwards, or by a blow being received while the limb is in that position. The following plan is to be adopted in attempting to reduce this dislocation. Bleed the patient to twelve or twenty ounces, or more if he be a very strong man. Next place him in a warm bath, at 100°, gradually increase it to 110°, until he begins to feel faint. Whilst he is in the bath give him one grain of tartarized antimony, until he feels nausea; then wrap him in a blanket, and place him on a table, between two strong posts, into which two staples have been fixed, or if you cannot find a convenient place for this, place him on the floor, and screw two rings, about the distance I have mentioned, into the floor. The plan I usually adopt is, to place him on a table covered with a blanket, on his back, then a strong girt is passed between his pudendum and thigh, and this is fixed to

one of the staples. A wetted linen roller should be applied just above the knee, and on this a leather strap is to be buckled, having two straps with rings at right angles with the circular part. The knee should be slightly bent, not quite at a right angle, and brought across the opposite thigh a little above the knee. The pulleys are to be hooked to the rings on the circular strap, and fixed to the other staple. You should now tighten the pulleys, till you see the bandage is on the stretch, and the patient begins to complain of pain, then wait a little, with the degree of extension you have now made, to give the muscles time to fatigue; then draw again gently, and when the patient complains much stop again, until the muscles yield, and so go on, until you find the head of the bone is brought just opposite the acetabulum. Let the same extension be kept up, by another person taking the string of the pulleys, and then rotate the limb gently, and the bone will generally slip into its place. You must not expect to hear a snap when the bone is returned, as by using the pulleys the muscles are so much relaxed that they cannot act with sufficient violence; and you can therefore only tell if it is reduced by loosening the bandages, and comparing the length of

the limb. If there should be any difficulty in bringing the head of the bone over the edge of the acetabulum, you may pass your hand, or a napkin, under it, and lift it over the edge of the socket. You should take care in removing a patient to his bed, as from the relaxed state of the muscles the dislocation would again happen, and that from a cause so trifling that you would not suspect it to have occurred. I consider it the birth-right of every man to think and act for himself. Gentlemen, do not let your opinions be shackled by prejudice, do not follow implicitly the dictates of any man; and if, when you get into practice, you do not find the advice which I have given you on this, or any other subject correct, then throw it aside, as totally unworthy of your confidence, and strike out a new path for yourselves. Much as I respect the talents of Mr. HEY, and there is no man who thinks more highly of his zeal and acquirements than I do, yet I cannot agree with him in recommending the mode which he practised. It is true, that in a very recent dislocation, before the muscles have established their fixed contraction, that extension will succeed in returning the bone, even although that extension be not made in the way most favorable

for the purpose. What I have said in these lectures has been the result of considerable experience both in public and private practice, and in the greater number of cases the treatment has been successful, even in some under circumstances the most unfavourable.

Of the dislocation *downwards*, or into the *foramen ovale*.—The limb in this case is two inches longer than the other; by making pressure with the hand on the upper and inner part of the thigh, you can in thin persons distinctly feel the head of the thigh bone. There is a flattening of the hip on that side. The body is bent forwards, owing to the *psoas magnus* and *iliacus internus* being put upon the stretch; if you desire the patient to stand upright, you find that the knee is considerably advanced towards the trunk. It is widely separated from the other knee, and it cannot be brought to touch it without much difficulty and pain. The foot is generally neither turned outwards or inwards, but the toes point to the ground; but in this dislocation you do not trust so much to the foot as a mark of it. The increased length of the limb, the separated knees, the bent position of the body, are such diagnostic appearances as sufficiently point out the nature of the injury. It gene-

rally happens when the thighs are widely separated from each other. The ligamentum *teres* and capsular ligament are torn through, and the head of the bone is situated on the obturator externus muscle, at the inner and back part of the thigh.

If the accident has recently happened, the dislocation is very easily reduced; place the patient on his back, separate the thighs as widely as possible, and place a girt between the pudendum and upper part of the thigh, and fix the girt to the staple in the wall; then take hold of the angle of the dislocated side, and draw it over the other leg, or if the thigh be very large, behind the sound limb, and the head of the bone usually slips into the socket. Or the thigh might be fixed by a band just being received between the pudendum and the upper part of the limb, and the leg be carried inwards across the other. But the best plan in general is, to fix the pelvis by a girt passed round it, and crossed under that which passes round the thigh, to which the pullies are to be attached, otherwise the pelvis moves in the same direction as the thigh. If the dislocation has existed for three or four weeks, it is better to place the patient on his sound side, and fix the pelvis by one bandage, and carry another under the dislocated

thigh, to which the pulleys are to be affixed perpendicularly, then draw the thigh upwards, and at the same time press down the knee and foot to prevent the lower part of the limb being carried with the thigh, and you may thus use the limb as a lever of considerable power. But take care not to advance the leg too much, as the head of the bone would be forced behind the acetabulum into the ischiatic notch, from which it would be extremely difficult to remove it.

### LIZARS' ANATOMICAL PLATES.

Part the Fifth of these splendid engravings, containing the muscles and joints of the upper and lower extremities, was published on Saturday last. To those persons who have seen the former plates, we need only observe that the present are fully equal to them, whether viewed as regards anatomical accuracy, boldness of execution, or force of colouring. To those who have not seen the previous numbers belonging to this series, we shall merely remark that they have omitted to enjoy an intellectual gratification, which might have been acquired at a comparatively trivial cost.

It affords us great pleasure to ob-

serve, that SIR ASTLEY COOPER, with a correct taste and liberality which we can neither sufficiently admire nor commend, has presented Mr. LIZARS with two dissections, made by himself, of the surgical anatomy of the important parts connected with inguinal and crural hernia; and Mr. LIZARS, with equal good taste and liberality, has gratuitously presented the public with two admirable engravings of these scientific dissections; they are given as a Supplement to Part the Fourth, and accompany the present fasciculus. These plates, if we mistake not, will be greatly prized; the dissections have been made with minute exactness, and the engravings which display them are most beautifully executed.

Several of our contemporaries have been lauding the profession and the public for the patronage which has been bestowed upon Mr. LIZARS' engravings, and we suppose that our old friend, Dr. JAMES JOHNSON will be lost in admiration at the generous disinterestedness of his brother practitioners in accepting as a gratuity these supplemental plates. Nothing can be more absurd, more contemptibly mean, than applause thus lavished. Dr. JAMES, however, never forgets the million, and thus by directing one eye at the multitude and the other at



his pocket, eternally thrusts himself forward as the selfish time-server. Such paltry attempts to divert the current of approbation from the really deserving object cannot be too severely reprobated. Mr. LIZARS is not indebted one jot to the public for its patronage. He has by skill, labour, and perseverance produced an extremely meritorious work, which, from its peculiar excellences and usefulness, is a valuable acquisition to the practical surgeon, and a source of instruction and amusement to the man of letters. Thus, those who purchase the work find in it more than an equivalent for the pecuniary obligation, hence the possession of it is prompted by self-interest, and not by gratitude towards the artist. This is precisely as it should be; it constitutes the security of superior talent.

## PHARMACEUTICAL CHEMISTRY.

### *Hydrocyanic Acid.*

In a former number,\* we announced to our readers the test which M. DUBLANC, of Paris, had discovered, for detecting the presence of acetate of morphine. The test which this gentleman proposed is the tincture of galls, made with pure alcohol, but we have stated the objections which exist to this

substance being used for that purpose, and have shown that iodine is far superior, either to the tincture of galls or ammonia, for detecting the presence of morphine, or any of its preparations. We intend at present to allude to some experiments which have been lately made, by M. LASSAIGNE, with a view of ascertaining the presence of hydrocyanic acid in animals which have been poisoned by this substance. The test which is usually made use of for this purpose is the sulphate of iron, and the manner in which the experiment is conducted is as follows: a little potash is put into the liquid which is supposed to contain some of the acid, and then some persulphate of iron, dissolved in water, is poured into this, when a beautiful blue colour manifests itself if there is any acid present. The intensity of the colour varies according to the respective quantities of water and acid; and if there is but a slight quantity of the latter, some hours frequently elapse from the experiment before the blue colour is to be seen. But M. LASSAIGNE, in his experiments, tried another test, with which it is possible to detect twice as small a quantity of the acid as with the sulphate of iron. M. LASSAIGNE's method is as follows: some potash is to be put into the liquid supposed to contain the acid, so as to slightly alkalize it; to this a few drops of a solution of sulphate of copper are added, and then sufficient hydrochloric acid to re-dissolve the excess of oxide of copper which has been precipitated by the alkali; the liquid instantly assumes a milky appearance, more or less intense according to the hydrocyanic acid which it contains. A solution of

\* Vid. *Lancet*, vol. iii. p. 206.

nitrate of silver is also a very delicate test for discovering, in distilled water, the existence of the hydrocyanic acid; but as the product which is obtained possesses properties which are common to it and the chlorate of silver with which it may be confounded, the copper is to be preferred. The acid which M. LASSAIGNE employed was the pure hydrocyanic acid, prepared according to GAY LUSSAC'S method; and which was mixed with five times its weight of water, in order to prevent its too speedy decomposition.

*Raising of a cat, by twelve drops of hydrocyanic acid in sixty drops of distilled water.—Analysis of the stomach and its contents, eighteen hours after the death of the animal.*

We injected into the œsophagus of a healthy cat twelve drops of pure hydrocyanic acid, diluted with sixty drops of distilled water. The animal immediately appeared weak, the respiration became very slow, there were slight convulsions of the limbs, and it died one minute after the injection of the poison. A vapour was instantly exhaled from the mouth, which had the smell of the acid which had been employed.

The animal was examined on the following day, eighteen hours after death. One of the gentlemen present immediately recognised the smell of hydrocyanic acid in the brain, the whole length of the spinal marrow, and in the chest. This smell was scarcely perceptible in the stomach, which merely contained some mucus. In making a few incisions into this organ, a very distinct odour was exhaled, which led us to make several sections of it, keeping it, however, covered all the time with some distilled water. The stomach in this state was put

into a glass retort, together with the liquid in which it was immersed; then distillation was commenced, great care being taken to cool the receiver. When about the eighth of the liquid employed was obtained, it was submitted to chemical examination. The liquid, quite transparent, had no smell sufficiently distinct to enable one to give an opinion as to its nature: nevertheless, tried with the potash and the persulphate of iron, it immediately furnished a weak blue tint, which without the least doubt denoted the presence of hydrocyanic acid; the sulphate of copper, potash, and hydrochloric acid, also showed in a very evident manner the presence of this substance. By the sulphate of copper we were enabled to detect the acid in the commencement of the small intestines in a most decided manner, whilst with the sulphate of iron we could not.

One circumstance which ought not to be passed over in silence in these researches is, that it frequently happens that marks of the presence of the acid, which do not show themselves immediately by the employment of the sulphate of iron to the *maximum*, become visible at the expiration of twelve or eighteen hours, whilst those indicated by the sulphate of copper disappear from their nature before that time.

From M. LASSAIGNE'S researches it appears,

1. That it is possible to detect in a distilled liquid hydrocyanic acid in the proportion of a 1000 or 2000 of the weight of the water.

II. That in the poisoning of animals by this acid, it is possible at the end of eighteen or forty-eight hours, and even a longer time, to

detect, by the processes mentioned above, the presence of this terrible poison.

III. That it is always in the viscera, where this substance has been first injected, that traces of it are to be found.

IV. That in the head, spinal marrow, and heart, not the slightest quantity can be found, whilst in these organs the smell is so strong as to create a suspicion of its presence.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

#### REVUE MEDICALE.

*On the employment of Belladonna, as a preventive of Scarlatina.* By M. ERNEST MARTINI.

THIS paper contains an account of the doctrine of HAHNEMAN, with which our readers are, by this time, pretty well acquainted, and of the success of several physicians, whose practice has been guided by it. That belladonna has some powers in keeping off scarlatina appears to be proved by several well authenticated cases; but as to the treatment of disease by the exhibition of medicines, which create symptoms similar to those of the complaint itself, is a mode of practice which few in this country will be disposed to try. HAHNEMAN's theory, in his own country, is treated with the contempt which it deserves, by most well-informed professional men, although it is but fair to state, that he has a strong party which espouses his cause, propagates his doctrines, and adopts

his practice. This may, in some degree, be accounted for by the opposition which he has met with. A little more than twenty years ago, HAHNEMAN first entertained the idea of curing diseases by the mode alluded to above, and which has since excited so much the attention of professional men. At this time HAHNEMAN was residing at LEIPSIK, but being only an apothecary,\* he was acting illegally by prescribing for those patients who came to consult him. This kept a considerable noise in Leipzig, more particularly as he kept a profound secret of his mode of treating disease; and professional odium was so strong against him, that he was obliged to leave the town, and go to a small village about six hours' journey from Leipzig. After he had been here about two years, the Duke of COTHIEN, in whose duchy he resided, was taken ill, and HAHNEMAN, from the reputation he had acquired, was sent for to attend him. The Duke's illness was thought by all to be very serious; but it happened that, in a short time, he quite recovered, which added, in no slight degree, to HAHNEMAN's fame. His practice is at present more extensive than that of any other practitioner in Saxony. He is seventy-three years of age, strong and well made.

#### *On the treatment of Mercurial Irritation of the Mouth by*

\* In Germany, apothecaries are not allowed to prescribe, nor are they allowed to dispense any medicine whatever, unless the person who wants it has obtained permission of some medical man to get it. The number of apothecaries is regulated by the government; there is one to every 10,000 inhabitants.—*Edit. L.*

*saturnine gargles.* By M. M. LA BONNARDIERE, Sen. et Jun.

In cases where the mouth is severely affected by mercury, gargles composed of the liquor plumbi acetatis, in the proportion of half an ounce to half a pint of water, afford speedy relief. It not unfrequently happens, that whilst the patient is using the lead gargles, he is seized with acute pains of the stomach, and other symptoms which show that the constitution is acted upon by the lead. As there is considerable danger attending the use of the saturnine gargles, and the mercurial irritation of the mouth can be relieved by much more innocent means, such as sulphur and carbonate of potash, we should never employ them ourselves, nor recommend their use to others.

*Paper on Gout.* By M. A. L. BAYLE.

In this paper, M. BAYLE relates five cases of gout, from which this distinguished pathologist draws the following conclusions:—1. The nature of gout is unknown to us, and none of the numerous theories invented to explain its multiplied symptoms can completely satisfy the mind. It is neither an inflammation, nor phlegmasia, nor organic lesion. In appreciating attentively the phenomena which it occasions, it may be considered as an alteration of some one of the humours, or as the result of a particular morbid fluid produced under the influence of certain causes, and circulating with the other fluids of the economy.

There are, indeed, produced, in a great number of gouty subjects, at a time more or less remote, ar-

thritic deposits, varied in form, resembling chalk, or gypsum, &c. and which are generally situated in the joints; sometimes, however, at a great distance from them.

Professor GUILBERT, who has published an excellent paper on this disease, found several fragments interspersed among the fibres of a muscle in a person who died of this complaint. HALLER states, that this matter has been seen in such large quantities, that it absolutely existed in the blood; and in the NUREMBERG commentaries we find a case where blood drawn from the basilic contained small gravel. ZACUTUS also quotes a similar case. A great number of gouty subjects void urine which is white, and contains a calcareous matter. BAGLIVI relates the history of a gouty person, who was entirely cured after having voided a large quantity of thick urine, which soon coagulated into the form of snow. The MEMOIRS of the ACADEMY of SCIENCES (1747) present us with an extremely curious fact of this kind. A gouty person was entirely cured of his complaint, after having passed, during eight or nine months, about sixty pounds of a substance which, mixed with the urine, gave to it a milky colour, and which fell to the bottom of the vessel, and at last acquired the consistence of soap.

Small calculous deposits have been found in the lymphatic vessels of gouty subjects; their perspirations sometimes form concretions, and become a substance of the same nature. MORGAGNI, ALBERTI, PLATER, and others make mention of gouty persons who voided substances resembling plaster, gypsum, and lime, in the excretion, by

the anus, the ears, and indeed the whole surface of the skin.

All these facts, which we could multiply, tend to prove the proposition which we have advanced, viz. that the gout is a specific disease, *sui generis*, consisting in a particular alteration of some one of the humours, or in the formation of a particular morbid fluid.

2. Gout may affect every organ, and all the tissues, although it more frequently attacks some than others. It is, therefore, a general disease, rather than exclusively belonging to one organ, or set of organs.

3. The symptoms by which it manifests itself are inflammations, neuroses, hemorrhages, phenomena extremely varied, which may exist alone, in succession or alternately, according to the intensity of the complaint, its regularity or irregularity, the predisposition of the patient, the influences to which he is exposed, and the state of his temperament. Gout is, then, strictly speaking, neither inflammation, neurosis, nor any organic lesion.

4. Numerous circumstances, as the predisposition of the patient, a delicate constitution, a great nervous susceptibility, venereal excesses, long-continued irritations of the stomach, influence of debilitating atmosphere, &c. may render the diagnosis of gout very difficult, by giving to it at one time the form of a neurosis, or of a succession of neuroses; at another time, of gastritis, or gastro-enteritis. In the first case, the nature of the complaint may be recognized by the hereditary predisposition, the shifting of the nervous symptoms, which, for the most part, only affect one organ at a time, and which leave

one part completely to develop themselves in another; which are observed alternately in the head, the chest, the abdomen, and the limbs, which have an evident connexion with the wandering pains and swelling of the joints to which the patients are subjected, disappearing or diminishing when they are present, and *vice versa*. In the cases of gastritis, of enteritis, or gastro-enteritis occurring in old subjects, the diagnosis may be formed by some of the characters which we have pointed out, to which may be added the following:—The gastric symptoms of the complaint are always accompanied with vomiting, and frequently exist to so great a degree as cannot be at all accounted for by the state of the general health; they are sometimes replaced by nervous symptoms, or an affection of the joints; they often continue for a long time without destroying the life of the patient, like ordinary gastritis, and preserving the same degree of acuteness; they are subject to very high paroxysms; they often obstinately resist all antiphlogistic measures; and occasionally come on to such a degree of violence as to occasion a belief in the existence of some organic lesion, and the speedy approach of death, and then shortly after they disappear, either spontaneously or with antiphlogistic means, or after pains and swelling of the joints. As soon as they disappear, there is scarcely any convalescence; the re-establishment of the patient's health takes place almost immediately.

Notwithstanding the number of anti-arthritic remedies recognized by authors, and the extraordinary encomiums bestowed on some of

them, there does not exist any specific for the gout. None of the means used have been directed against the nature of the complaint, against the humoral alteration which constitutes it; but all may be very useful in fulfilling certain indications, according to the form which the disease assumes. Thus, antiphlogistics are indicated when the complaint is inflammatory; antispasmodics, if it puts on a nervous type; and tonics, if it is asthenic, &c. Each of these classes of remedies, advantageous in particular cases, would be very injurious, if prescribed in a vague and general manner. But it is a point always to be attended to in gout, viz. to effect its removal, when it affects organs important to life, to produce a metastasis from them to the joints; and this the revulsives effect.

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*To the Editor of THE LANCET.*

SIR,—Residing, as a general practitioner, in a distant part of the country, the weekly arrival of your instructive paper, the valuable contents of which have deservedly secured to it a wide range of circulation, is always anticipated by me with the greatest impatience; and I may add that hitherto the perusal of each number has been rewarded with real gratification and improvement.

Among the various communications which adorn your hebdomadal pages, at the head of which stand the unrivalled practical lectures of Sir ASTLEY COOPER, the clinical ones, lately instituted by Mr. TYRRELL for the benefit of the students of St. Thomas's Hospital, may fairly lay claim to con-

siderable merit and utility. The treatment of diseases of the eye having formed a small item of my provincial practice, and led me, in a few cases, even to venture upon operations for cataract, I felt particularly alive to what might fall from the surgeon or oculist attached to the largest of the metropolitan ophthalmic institutions. This being the case, I cannot but confess my surprise, not to say disappointment, at the imperfect manner in which, according to the reporter, Mr. T. handled this particular subject. Addressing himself to young men, who naturally look up to the more experienced to direct them in the pursuit of medical knowledge, I should have been glad to learn that Mr. T., instead of confining his observations and descriptions to the ordinary modes of practice, had at least incidentally adverted to the merits, whatever he might esteem them, of a plan of treatment lately recommended to the profession by Mr. STEVENSON, in his *New Mode of Treating Cataract*. The book, I believe, has been extensively read, and I find it highly approved of by the generality of my medical acquaintance. It is unquestionably written with considerable spirit and elegance, and in a very perspicuous and interesting style; and the ingenious arguments in favour of an early operation in the different kinds of cataract, added to their forcible and pertinent illustrations, and above all, the declared success of the plan proposed, entitle it to a candid examination.

The question of the utility of Mr. STEVENSON's proposition is of a nature purely practical; and to whom can we look for its satisfactory solution, if not to those who, like Mr. TYRRELL, have under

their direction a public hospital, and consequently frequent opportunities of putting the mode of practice to the test of experiment? The plan suggested either has or has not the recommendations contended for by its author; and it therefore seems extraordinary that Mr. T. should have avoided even allusion to its peculiar features. Are Mr. T.'s valuable moments so exclusively occupied by his public and private professional avocations, that he has no leisure for perusing new medical writings? If the doctrine which Mr. STEVENSON teaches is well founded, it must ultimately lead to the *abandonment of the old processes of Cauching and Extraction*; or, at least, as the author intimates, those processes will be restricted to such instances of the disease as have been suffered to remain unmolested until the lens or its capsule has, by time, or by common or traumatic inflammation, acquired a great degree of solidity or tenacity; and a doctrine thus threatening to effect a revolution in so important a branch of practice is surely one which should not be wholly overlooked by a public or even a private lecturer or practitioner. The proposed new practice appears, to my apprehension, to have nature, reason, and analogy on its side; and, if it really merits this eulogium, it must be considered as one of the greatest improvements of modern surgery. What a change would not its general adoption produce in the medical treatment of cataract? That it will meet with opposition from such as have long followed the old methods of operating may readily be anticipated, on the ground that all of us are the creatures of habit, and that those who have acquired dexterity in the use of a par-

ticular method will not willingly relinquish their advantage by adopting one which they have yet to learn.

In conclusion, let me remark, that from that universal medical circulation to which I have before referred, as so beneficially enjoyed by THE LANCET, I cannot doubt that my humble communication, if permitted to see the light, will speedily reach the eyes as well of Mr. TYRMELL as of his friends and pupils, and that it will probably induce the lecturer, at some early opportunity, to state the opinions he may entertain of Mr. STEVENSON's plan of treatment. A continued silence, on the other hand, could only lead the public to conclude, with unfeigned regret, that, as I have already hinted, Mr. T.'s leisure is too limited to allow of his giving his attention to what is new in the medical world.—Yours, &c.

INQUIRER.

August 6, 1924.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### *Case of Affection of the Cervical Nerves; continued from p. 109, Vol. IV.*

The man in Lazarus' Ward with the convulsive twitching of the muscles of the neck is nearly in the same state as when we noticed the case before; if any thing the patient is a little improved. On Friday last (Aug. 13) Sir ASTLEY COOPER saw him, and after making several inquiries respecting the history of the patient, said, that he should like to try the effect of bella-

donna both locally and internally, as almost every thing else (bleeding, mercury, counter irritants, opium, arsenic, electricity, &c. &c.) had been tried without effect. A drachm of the belladonna to seven drachms of the unguentum cetacei was ordered, of which a small quantity of the size of a bean was directed to be rubbed into the back part of the neck, morning and evening; a grain of belladonna was also prescribed to be taken twice a day. Sir ASTLEY observed that he had met only with three cases of this kind in the course of his practice, but that he believed the cause of these severe nervous affections was frequently connected with ossific deposits on the pia mater, between it and the tunica arachnoides. In one of the most severe cases of tic douloureux which he ever witnessed, and which ultimately destroyed the life of the unfortunate sufferer, a medical gentleman of the highest respectability, on examination after death, no morbid appearance whatever was observed, but a deposit of a very small piece of ossific matter on the pia-mater.

Since this patient has tried the belladonna, he thinks himself better; he has walked half the length of the ward with the head erect, which he has not done before for a considerable time. It used invariably to happen, when he walked, that the head would be drawn to the right side. The pain in the back part of the head, near the right mastoid process, still continues, and it sometimes extends down the spine. There is no numbness whatever of the arms, but occasionally he feels a cramp in the right shoulder. The patient's health has been rather deranged during the week past; the tongue is furred, appetite

bad, and the patient feels weak. The bowels are kept open by some house medicine. If a similar case to this should have come under the care of any practitioner, and have been at all benefited by any remedy which has not yet been tried in this case, nothing, we are confident, would afford the gentleman under whose management this patient is greater pleasure than to give it a trial. In one of the cases which Sir ASTLEY had under his care, he divided the sterno-cleido mastoideus on that side to which the neck was drawn, which relieved the patient for a time, but as soon as the muscle united the twitching and pain returned to a greater degree than before.

[To be continued.]

#### *Fracture of the neck of the Thigh Bone.*

Susannah James, *setat.* 85, was admitted into Chapple Ward of this hospital, July 31, with a fracture through the neck of the right os femoris. The accident happened in the following manner, near Lambeth. Whilst walking along the edge of the foot-path close to the high road, the old woman, not looking at the road, slipped her foot off the foot path and fell on the road beneath. The height from which she fell was about two feet. She was taken home that day, and the next morning was brought to the hospital. At the time of her admission, the right foot was everted, and the injured limb two inches shorter than the other. On extension being made it could be brought to the same length as the other. No crepitus whatever, we believe, could be detected. The woman was ordered to be kept on her back, and to lie as still as possible. The foot continues



everted and the limb shortened. She is going out of the hospital this week to the poorhouse of the parish to which she belongs, as she would rather be among persons with whom she is acquainted than here where she is not known. She will of course keep the recumbent posture, and probably for the remainder of her life.

We mention this case principally for the purpose of alluding to one circumstance, of material importance in injuries of this kind. Surgeons, let their opinions about other points vary ever so much, all agree that whilst the patient is kept in bed it is necessary that he should be kept as quiet as possible. To effect this, all motion of the body should of course be avoided; but this is impossible whilst the patient is obliged every now and then to move himself in order to pass the feces. We entreat the surgeons of this institution, for their own credit, but more especially for the sake of those unfortunate patients who may suffer if it be neglected, to use, in all those cases which may require them, beds so constructed that the feces may be voided without the least disturbance to the body. Let the surgeons make a proper representation to the committee, of the necessity which exists for beds of this kind, and we feel confident that they would be immediately ordered. If, however, the committee should refuse them, which we very much doubt, the surgeons should, rather than let the patients suffer, procure the beds themselves. The number of beds required would not be very great, nor would the expense be heavy.

The operations performed here this week were, the tying the bra-

chial artery, for an aneurism of that vessel, produced by a puncture in bleeding; and the removal of a tumour from the lip.

The accidents admitted are, an injury to the abdomen from a blow, wound of the scalp, retention of urine, and fractured thigh.

## ST. THOMAS'S HOSPITAL.

### CLINICAL LECTURE.

Aug. 11.—On the last occasion, gentlemen, (said Mr. TYRRELL,) I had the honour of addressing you, I spoke of the history and treatment of gonorrhoea, and briefly adverted to some practical points connected with some of its consequences. In speaking, however, of the cure of stricture by bougies, I omitted to state the manner in which the passage of the bougie should be effected. When you are about to pass a bougie for a patient, the penis should be extended between the thumb and fore-finger of the surgeon, and not kept at right angles to the body, so that the urethra should be in as straight a line as possible. The point of the bougie should be also slightly curved, and for this reason; when the bougie is curved, and its curved extremity kept against the upper portion of the urethra, it passes with considerable facility; but on the contrary, when the bougie is straight, the point is very apt to catch in the folds of the lower portion of the urethra. In passing a sound, or catheter, you should recollect that until the point gets under the arch of the pubis, the handle is to be kept in contact with the abdomen; for if it be kept at a distance there will be great difficulty in passing the instrument.

and the surgeon will be frequently foiled. I do not think it matters much whether the instrument is introduced first with the handle against the abdomen or not, but it is a very material point afterwards, that it should be kept against the abdomen till under the arch of the pubis.

### Gleet.

By gleet is meant a slight, thin, white discharge from the urethra, staining the linen a little, attended with no pain, and not producing a similar discharge when applied to other surfaces. It often continues for months and years, without the least change whatever. I saw a case once, where the gleet had existed for six or seven years, and had resisted various means, both local and constitutional, that had been tried for its cure. This gentleman had consulted several surgeons in London when he came to me; and considering the obstinate nature of the complaint, I went so far, with the sanction of Mr. CLINE, as to touch the under part of the urethra, just opposite to the frænum, with caustic. This application for the time stopped the discharge, but as soon as the slough came away it returned just as before, in the quantity of four or five drops a day. Gleet may depend on the existence of strictures in the urethra, and it is very important to distinguish between it, when this is the cause, and when it is the effect of the gonorrhœa, without any alteration in the structure of the urethra. It will not be necessary to have recourse to bougies when it is unconnected with stricture, whereas if a stricture exists the gleet cannot be cured without them. If the gleet is merely gonorrhœal, there will be a tingling sensation behind the fræ-

num; and if the patient indulges in excess of any kind; or takes too violent exercise, this, together with the quantity of the discharge, will be increased. If you ask the patient how he voids his urine, he will say that the stream is free and uninterrupted to near the extremity of the passage, then that it stops for an instant, and afterwards passes very well; this symptom arises from the accumulation of the discharge near the lacuna. On the contrary, if there is stricture, the patient voids his urine very badly; and this is influenced considerably by change of weather, or any irregular conduct on the part of the patient; and if you inquire more minutely, you will find that the stream of urine is small, and completely twisted. Where gleet arises from, or is kept up by, stricture, it will be useless to try constitutional remedies; you must treat it as permanent stricture, by dilatation. There is a remedy which has been extolled in this complaint, but which I have not found so effectual as represented, I mean the *tinctura ferri muriatis*, the use of which was first suggested by Mr. CLINE, sen. Gleet after gonorrhœa, unattended with stricture, must be treated in just the same way as the chronic stage of gonorrhœa, by copaiba, &c.

Hernia of the bladder, or cystocele, is sometimes met as a consequence of stricture. The stricture impedes the passage of the urine, occasions a peculiar action in the bladder, so that it becomes accumulated, and a portion of it escapes under the parietes of the abdomen. This, however, is foreign to the present subject. Gleet and rheumatism are not uncommonly the consequences of gonorrhœa. In cases where I have seen these

affections occurring after gonorrhoea, the constitution is always in a debilitated state, and frequently reduced by improper treatment, which the patients have been subjected to. The usual seat of the complaint is in the synovial membranes: the joints are first attacked; then the other parts suffer; but unless you pay particular attention to the health of the patient, there will be little use in treating the local affection. The symptoms are, tenderness in the joint, together with pain, which last symptom is more severe at night; the health is impaired; the secretions are more or less deranged; the bowels being either constipated or very relaxed. There is loss of appetite and nausea, and the tongue invariably indicates the degree of constitutional derangement present. The skin is commonly hot and dry; sometimes, on the contrary, covered with excessive perspiration. There is also, in most of these cases, great depression of the spirits. Besides the joints, the mucous membranes generally are affected—those of the pharynx, trachea, bronchia, and alimentary canal. The great object of your treatment is to be directed towards the constitutional mischief which is excited: with respect to the local treatment, you must, by rest and the common means employed in these cases, such as evaporating lotions, leeches, &c. guard against the suppurative process being set up. But I cannot too strongly impress on your attention the importance of attending to the state of constitutional derangement always existing in these cases. I do not particularize the medical treatment to be adopted, because it would occupy a far greater portion of your time than is even devoted to the

whole lecture, so many circumstances are to be taken into account, by which the treatment must be regulated; but no man is fitted to practice surgery who is not acquainted with the principles of the practice of physic, just in the same way as a physician is likely constantly to fall into error, if he be ignorant of the principles of surgery. We may attain excellence, it is true, in some one department of the profession; but that excellence cannot be attained without a general knowledge of the whole. There is one point connected with the medical treatment, to which, however, I think it right to advert, and that is respecting the exhibition of sarsaparilla. Sarsaparilla is a common medicine in these cases; but if there is loss of appetite, I would not recommend its exhibition. The large quantity in which this medicine is given forms an objection to its being given where the stomach is very weak; as I have in repeated instances seen it increase rather than lessen the complaint, and that by deranging the stomach. Bitter infusions, such as the compound infusion of gentian, or infusion of cascarella, I prefer to the sarsaparilla. If the patient perspires profusely, the mineral acids will be found a useful adjunct to the other means. If, on the contrary, the skin is hot or dry, the compound submuriate pill should be given, or calomel and opium, if there is nervous irritability. In several cases where I have seen these affections, as soon as the patient's health has been restored, the gleet has returned. I don't think it safe to attempt then to stop it. I believe that I have enumerated all the consequences of gonorrhoea, and will, therefore,

occupy the remainder of your time in speaking of diseases of the prostate gland, and the operations required for the retention of urine.

### *Disease of the Prostate Gland.*

The prostate gland, like other parts, may be the subject of acute or chronic disease. Acute affections of the prostate gland are not so frequent as the chronic; but I had at one time, and in the same ward, two cases of acute inflammation of the prostate gland, which terminated in suppuration. Both of these patients were under forty years of age. I have now a patient who occasionally attends at my house, once the subject of inflammation of the prostate, which, although not so acute as in the other two cases, terminated in suppuration. The symptoms of this disease are, pain in the perinæum, increased on the passage of costive motions or hardened feces, extending down the inside of the thighs, and up the loins. There is a general feeling of debility; the passage of a bougie is prevented; and there is difficulty in voiding the urine. On looking into the prescription book, I see that I gave, in one of the cases, copaiba at first; then the liquor potassæ with opium, after the abscess had opened into the urethra. The patient was obliged, in this case, constantly to wear a gum elastic catheter in the urethra, on account of the inability to pass his urine, and the pain occasioned by the introduction of any instrument; but I should not recommend this to be done if it could be avoided. In another case which I have attended, various remedies were tried without any effect. The copaiba, cubebs, and muriate of iron without benefit. A

astion was then made in the perinæum, which, at first, afforded a little relief; but after the discharge from it stopped, the pain came on with increased violence, and the gland suppurated.

In these affections you should recommend opiate injections by the rectum, together with opium and alkalis internally. The bowels should never be permitted to be costive, on account of the irritation which the passage of hardened feces is apt to excite. The patient should keep them regular by castor oil every morning. If the pain be violent, the warm bath should be used, and leeches applied to the perinæum. Rest is absolutely necessary, the same as in irritable bladder.

Chronic enlargement of the prostate is very rarely met with in young persons, and seldom before the age of forty-five or fifty. This complaint may, through inattention or ignorance, be mistaken for stricture. In old persons there is a frequent desire to void the urine, and the urine can only be passed in small quantities at a time. This arises from the middle lobe of the prostate being enlarged, which acts as a valve and closes the bladder; it is only when the bladder is distended that the urine can be passed, and thus it is never completely emptied. If there is any difficulty in passing a sound in old persons, an examination should invariably be made with the finger by the rectum, when you will be able to detect the enlarged state of the gland if it exists. Surgeons who are attentive to this point frequently succeed in passing an instrument into the bladder after repeated and unsuccessful attempts have been made by others.

and symptoms of the patient, you are led to examine by the rectum, and you find an enlargement of the prostate. If the instrument in its course has been obstructed from its not being sufficiently curved, this you obviate by elevating the point of the instrument with the fore-finger of the left hand, and thus you will succeed in a few seconds when others have been trying for hours without success. In some cases the prostate is so irritable that the patient cannot bear the passage of a catheter, and much mischief might be done if it were attempted; if there is retention of urine under such circumstances the operation becomes necessary. Be extremely careful, therefore, in old persons where there is any difficulty in passing an instrument into the bladder that you use no violence whatever, and be particular in examining by the rectum the state of the prostate before passing the catheter. The remedies which are tried in this complaint are generally of little use. It is best, if the urine shows, by its appearance, or which is still more certain, the immersion of a piece of litmus paper, that there is an excess of acid, give alkalis; if, on the contrary that its alkaline properties predominate, exhibit acid.

#### *Retention of Urine.*

Retention of urine may arise either from stricture or enlargement of the prostate gland. The operations that are performed for this complaint are three, viz. in the perinæum, by the rectum, or above the pubis. One of these three operations is always performed, and I believe that circumstances may occur in which each of these operations may be adapted. In cases

where there is permanent stricture, the operation by the perinæum is the one that you will perform; because at the same time that you relieve the symptom which has demanded the operation, you cure the complaint which has given rise to it. The operation by the rectum will be necessary when there is spasmodic stricture, and all the known remedies have failed in removing it. The pressure of the urine in the bladder keeps up the spasmodic action; and in general, as soon as the bladder is emptied, the complaint goes away, which shows that it is merely spasmodic. The mode of performing the operation in the perinæum I explained to you on a former occasion (*Lancet*, p. 180, vol. iv.), the operation by the rectum you perform in the following manner. The surgeon is to introduce the fore finger of the left hand up the rectum, in order to feel for the most prominent part of the bladder, taking care that he is quite clear of the prostate and vesiculæ seminales; the canula of a trocar is to be introduced up to the part, and then the trocar through it, with which the puncture is to be made. Prior to your making the puncture, take care that the upper part of the gut is pushed up, that the opening may be valvular. I believe that the operation above the pubis is necessary where the prostate is enlarged and ulcerated. In such a case, if the operation is performed by the rectum, no permanent relief will be afforded, and the opening is likely to be blocked up; besides this, there is the danger of extravasation into the rectum, and the irritation which would be excited, just as sometimes happens after stone, and even perhaps of a fatal termination. The opera-

tion above the pubis has had a number of advocates, but is less frequently performed than either of the other two. An incision is recommended to be made an inch and a half above the pubis, but I see no reason for making it so high up; from half to three quarters of an inch is quite a sufficient space. Mr. ABERNETHY, I believe, recommends the puncture to be made with a trocar, and a common tube to be introduced afterwards. There is an objection to a smaller instrument being inserted into the opening in the bladder than the one with which the opening itself was made, on account of the danger of extravasation of urine into the cellular membrane. I should advise the puncture to be made with the instrument, which should not be removed from the bladder, but so contrived that a tube might be screwed or fixed on as a rider. In this operation, as in paracentesis abdominis, I prefer first making a small incision with a lancet.

From these few cursory observations, on one of the most distressing complaints that can afflict human life, you will see the importance of ascertaining the cause of the complaint; in the words of the poet I may say—

“Felix qui potuit rerum cognoscere causas.”

On a knowledge of the cause will depend the operation most proper to be performed.

Both this lecture and the last were listened to with peculiar attention; and not a few, whose names we could particularise, appeared to take a personal interest in some of the points which came under the lecturer's consideration.

No accidents of importance have been admitted to this hospital since our last report.

## MIDDLESEX HOSPITAL.

### *Case of Fracture of the Cranium.*

July 30. — William Harkom, *ætat.* 7, was brought here this evening in a state of insensibility from the kick of a horse. On examining the head, it was found that the scalp had been divided over the superior posterior angle of the parietal bone of the right side. On introducing the finger into the wound it was discovered that the cranium at this point had been fractured, and that some of the portions of bone were depressed about half an inch. An incision of some length was now made through the scalp in a vertical direction. The portions of fractured bone already alluded to were found driven upwards, and firmly wedged under the superior sound part of the parietal bone. A small trephine was now applied at this point, but the insulated portions of bone could not be elevated or removed, wherefore it was again applied at an opposite angle, when, after the removal of another small angle by Hey's saw, the whole of the fractured portions of bone were withdrawn, with the exception of a small part which had been but little depressed and which was elevated. The wound was then dressed with oiled lint.

It should have been stated above that the membranes of the cerebrum had been wounded by the accident, and that a considerable portion of the brain had escaped through the wound.

31st. — Has been very restless and uneasy all night. To-day, he throws

his arms about and rolls in the bed, and the restraint of the straight jacket has been found necessary. His bowels have been well emptied by an enema. His skin is hot and dry. Pulse very feeble. A little wine and water has been allowed him.

August 1.—Pulse hardly perceptible, 160. Flushed face. Wine discontinued.

2. — Last night the following powders were given him :

R. Calomelanos, gr. iv.

Pulv. antimonial, gr. ii.

Sacchari albi, ʒj. in 4 æq. part.

Dividend. 4tis horis sumendus.

He has been very restless through the night, and to-day there is no favourable alteration. Bowels open. Skin hot and dry. Pulse feeble and indistinct, and fungus cerebri has made its appearance.

3d.—Symptoms much the same. Died at 8 o'clock, P. M.

*Appearances on Dissection.*—Pus was found between the scalp and the bone where they had been detached from each other. The dura-mater was torn about two inches and a half in length, and there was an irregular protrusion of the substance of the brain through this membrane. It was elevated considerably beyond the surface of the dura-mater, was of a dark colour, as if sloughy, and perfectly soft to the touch. On removing the skull-cap, the dura-mater was found inflamed, particularly at that part which surrounded the fungus of the brain; and there was a layer of coagulable lymph deposited on its surface which corresponded in extent with the fracture of the skull.

There was matter between the skull and dura-mater, which gravitated to the base during the examination. Upon raising the dura-mater from

the fungus, a layer of coagulated blood adhered to its internal surface. The brain at this point was of a dark colour and highly inflamed, and the small vessels of the pia-mater were gorged with blood; this appearance, however, did not extend beyond the neighbourhood of the fungus. There was a deep hollow in the brain where it had lost a part of its substance, and the surface was of a dark brown colour, perfectly soft to the finger. On slicing down the brain, numerous minute vessels were observed to course together in the direction of the fungus, otherwise the substance of the brain had a healthy appearance, nor did the ventricles contain any unusual quantity of fluid.

August 4th.—Hd. Phillips, ætat. —, a remarkably robust brewer's man, was brought to the hospital. It appeared, from the accounts furnished by his companions, that he had fallen asleep whilst riding on the shafts of a dray, from which he fell, and the wheel passed over his left side. Upon examination, it was found that nearly all the ribs on the left side had been fractured, and that the clavicle had started from its articulation to the acromion of the same side. The ring finger of the right hand was also fractured, the integuments lacerated, and the bone completely denuded as far as the second joint, to which latter also there was some evident injury done, and the left arm was slightly bruised.

Previous to his admission he had been bled, to the extent of ʒviij. His pulse was very feeble, and about 110 in a minute; respiration, difficult and oppressed; countenance very pallid, and clouded with anxiety. There was a slight ap-

pearance of emphysema over the sixth dorsal rib, at the point of its fracture, which was about the middle. About an hour after his admission there was a slight retching, and ineffectual effort to vomit, which however soon subsided. The ribs were secured by a roller, and the clavicle restrained in its proper position in the usual way.

R. Ext. Colocynth. Co. gr. x.

Calomelanos, gr. ii. fiat pilulæ duse statim sumendæ.

R. Infusi Lini. ʒiss.

Tr. Camph. Comp. ʒj. 6tis horis sumendus.

5th. This morning his bowels have not been opened, nor has he passed his urine since his admission. It was consequently found necessary to introduce the catheter, when about two pints of dark coloured urine were withdrawn. An enema was also administered, which procured copious stools, and he afterwards passed his water voluntarily. The finger was dressed with the Balsam. peruv. In the evening his pulse was rather fuller, and about 100 beats in the minute—skin hot and dry—tongue white—countenance flushed—respiration rather easier; he complains however of great pain over the false ribs, and has at times a troublesome cough.

R. Liq. Ammonise Acet. ʒiii. singulis haustibus addendas.

6th. Countenance pallid—skin hot and dry—tongue rather cleaner—cough increased—pulse 100—bowels open—water drawn by catheter.

R. Inf. Lini. ʒiss.

Tr. Scillæ, m. xx.

Sp. Ether. Nit. ʒj. 6tis horis.

The fermenting poultice was applied to the finger.

7th. Pulse 90, and fuller—cough very troublesome—respiration difficult—bowels open—skin rather moist—inspiration sonorous and rattling.

Emp. Cantharidis sterno.

R. Calomelanos gr. j.

Pulv. Scillæ gr. j.

Pulv. Antimonial. gr. iii. fiat pilula ter die sumenda.

R. Tr. Scillæ m. xv.

Vini Ipecac. m. xx.

Sp. Ether. Nit. ʒj.

Mist. Camphoræ ʒiss. ter. die.

9th. Pulse 88, and rather full; bowels open; skin rather moist; respiration difficult; wheezing cough.

R. Tr. Scillæ m. x.

Sp. Ether. Nit. ʒj.

Liq. Ammon. Acet. ʒiii.

Mist. Ammoniaci ʒj. fiat haustus, sextis horis sumendus.

11th. No particular alteration.

R. Tr. Scillæ m. xv.

Sp. Ether. Nit. ʒss.

Decoct. Senegæ ʒiss. fiat haustus sextis horis sumendus.

R. Ext. Hyoscyami gr. x. omni nocte.

13th. Pulse 85, weak; skin moist; bowels open; respiration difficult, and much increased in the recumbent position; complains of great pain in the side on the least exertion. He is supported by a bed chair.—Same medicines.

15th. To-day he breathes with more freedom. Pulse 80, soft; bowels open; skin natural; pain in the side; countenance less indicative of anxiety.

17th. To-day he complains of pain in the right hypochondrium, increased on pressure, to which



blister has been applied; respiration still difficult.

R. Calomelanos, gr. j.  
Pulv. Antimonial. gr. iii. h. s. sumenda.

R. Vini Ipecac. m. xx.  
Oxymellis, 3j.  
Infus. Lini. 3jss. fiat haustus sextis horis sumendus.

August 5th. Thomas Downs, a strong, healthy man, ætatis 35, was admitted this evening under the following circumstances:—From the account given by his friends, it appeared that he had fallen from a cart on the stones, and pitched on the back of his head. He was insensible for a few minutes, and afterwards vomited the contents of his stomach. He had been bled previous to his admission into the hospital. At the period of his arrival here, he was tolerably sensible; his pupils were natural; pulse very small and weak, and he vomited repeatedly. There was a slight puffy tumour over the occiput.

6th. Constant pain extending from the forehead towards the occiput; pulse 50, rather full.

Capiatur—Haust. Sennæ Co. secundis horis donec alvus deiciat.

Admoveantur—Cucurbitulæ Cruentæ Nuchæ ad 3x.

7th. Pulse 44, rather full; pupils natural; skin moist; bowels open; pain in the head diminished; is thirsty.

Hirudines viginti capiti raso, et postea Lotio. Ammon. Acet. assidue applicand.

R. Calomelanos gr. j.  
Pulv. Antimonial. gr. ii. fiat pilula quartis horis sumenda.

R. Liq. Ammon. Acet. 3iv.  
Sp. Etheris Nit. 3j.  
Aquæ distillatæ 3j. quartis horis.

8th. Pain in the head diminished; pulse 42; bowels open; skin natural; tongue rather cleaner.

Admoveatur—Emp. Cantharidis Nuchæ, et capiatur pilulas priores ter die.

10th. Yesterday there was no particular alteration. To-day his pulse is 42; he has less pain in the head; bowels regular; tongue cleaner; skin more natural.

12th. Pulse 44, rather fuller; bowels open; skin healthy; pain in the head diminished.

15th. Pulse 58, rather full; bowels relaxed; tongue clean; skin natural; has less pain in the head; sleep natural, but occasionally disturbed by unpleasant dreams. From this period he has had no bad symptoms.

## WESTMINSTER HOSPITAL.

August 7.—Mr. GUTHRIE removed a small cartilaginous tumour from the leg of a man, who had been previously afflicted with a phagedenic ulcer on the inside of the leg, a little below the calf; for which he had been in the hospital, until it was healed, about six months ago, when he was discharged; since which time the tumour in question had been gradually formed. It was situated immediately upon the tendon of the tibialis anticus, though not connected with it; and only a small longitudinal incision was required, to enable the operator to lay hold of it with the forceps, whilst he dissected it out from the surrounding cellular membrane.

Mr. WHITE next extirpated a scirrhus tumour from the lower lip of an old man, by making an incision on each side, and so removing it in a triangular form. No artery required a ligature, and the sides of the wound were brought together by the interrupted suture, and slips of adhesive plaster.

August 18.—The case of John Kemp, who was admitted to this hospital three weeks since, is a curious one, and well deserving of notice, inasmuch, as it serves to show the strength of a ligamentous union of the extremities of a bone, which had been fractured, and healed subsequently in that manner.

The patient stated, that about fifteen years ago he fractured the patella of his right leg, by a fall upon the stones in the street; he was taken to an hospital, when the bone was found to be broken transversely, rather below the middle and broadest part. In six weeks after the accident he was enabled to walk about, with the assistance of crutches, and in fourteen more he was discharged from the hospital.

On that event taking place, he could walk tolerably well, although there was a space of three-quarters of an inch between the two portions of the fractured bone, and this space was occupied by the ligament formed in the cure, and which strongly united them, so that in a short period he was enabled to walk, and follow his occupations as well as before the injury took place.

On the day of his admission to this hospital, he had been employed to carry a burthen of considerable weight, so heavy indeed that on its being placed on his back, he sank down on his right knee, when he immediately fell; and, being

found unable to rise, he was borne here. On examination of the knee, the tendon of the rectus muscle was found to be lacerated, and completely separated from the superior part of the patella, it having been retracted rather more than an inch up the thigh, in the cellular membrane, whilst the ligament between the two portions was completely firm and free from injury.

A bandage was wound round the thigh, (after the leg had been placed in a state of extension, so as to relax the rectus muscle,) from above downwards, and thus the tendon made to occupy its natural situation. Three weeks are now elapsed since the accident, and the patient seems in a fair way for a speedy recovery.

No operation has been performed here since our last report.

There have been several cases of accident taken in this week, the most important of which are, those of a woman with a wound on the back part of the head, occasioned by a blow having been received there, producing slight symptoms of concussion, which, however, have been removed by purging, &c. In another case the fibula was fractured just above the malleolus externus; and a boy also has been admitted with a considerable degree of injury in the shoulder joint, but from the tumified state of the parts, it is impossible at present, to ascertain its precise character.

#### ST. GEORGE'S HOSPITAL.

August 9.—The fore-arm of a boy was amputated this morning, a little above the wrist. The operation was performed in the usual manner, and three arteries remained tying.

On examination of the part after the operation, an extensive disease of the bones of the carpus was discovered, they being for the most part carious.

#### NOTICE.

In consequence of the very extraordinary encouragement experienced by **THE LANCET**, the Editor has the satisfaction of announcing that it is this day, and will continue to be, printed from a **NEW TYPE**, which will admit of the in-

roduction of nearly **ONE SIXTH** ADDITIONAL MATTER.

#### TO CORRESPONDENTS.

We beg to acquaint Z. that in consequence of the confusion created by our new printing arrangements, that the remarks on Mr. **COLLAND HUTCHINSON'S** case of Hemorrhage have been inadvertently omitted.

X. X. will find a letter at the appointed place on Monday.

Other Correspondents must stand over.

### ROYAL NATIONAL BATH COMPANY,

1, Lancaster Place, Waterloo Bridge.

CAPITAL £250,000.

**Directors.**—Sir Walter Stirling, Bart., Chairman, John Gosling, Esq., Deputy Chairman, Robert Child, Esq., Harry Cook, Esq., John Farquhar, Esq., Frederick Fincham, Esq., Joseph Moore, M. D., Sir P. M. Ommamney, M. P., William Rothery, Esq., Richard Saunderson, Esq., Charles Smith, M. D., W. G. Stirling, Esq.

**Bankers and Treasurers.**—Sir Walter Stirling, Bart., Stirling, and Hodsoles, Strand; and Messrs. Masterman, Peters, Mildred, Masterman, and Co., Nicholas Lane, Lombard Street.

**Architects.**—Messrs. Bantock, Geary, and Lewer, Cornhill.

**Solicitor.**—George Abbott, Esq., Mark Lane.

Of the necessity which exists for the construction of Public Baths, there cannot be two opinions; whether it be considered as affording the means of indulging in a recreation so essential to health in a crowded neighbourhood, with a dense and smoky atmosphere; or as the means of removing a great public nuisance, as respects the indecent exposure of thousands daily, which banishes the inhabitants from the most salubrious spots around the metropolis; in either case, these objects cannot but meet with extensive public support. In submitting the conditions upon which a Joint Stock Company has been formed for this purpose, few observations are necessary.

Amongst the most serious evils which arise from the want of proper Baths, the numerous instances of drowning cannot be forgotten; the accidents which happen to bathers in the Thames, the Serpentine, and other rivers, from the inequality of the depth, &c., daily exhibit melancholy proofs of premature mortality, and involve whole families in grief:—these would be remedied by the formation of convenient Baths, under proper regulations; for where all the attendants will be professed swimmers, and the Baths of a known depth, a fatal accident will be next to an impossibility.

The Establishment of the National Baths can scarcely be deemed a speculation; unlike the building of Bridges, the excavation of Canals and Tunnels, or the making of Roads, which in their progress meet with insurmountable unforeseen difficulties, this undertaking is merely mechanical, and is susceptible of calculation to the last fraction of expense;—this enables the projectors to demonstrate that the probable returns to Proprietors, for Capital invested, will be more efficient than those of the most promising undertakings. In calculating upon the patronage of all classes, it must not be forgotten, that what is loudly called for on all hands, as the means of gratifying the Public, and what is recommended by every member of the Faculty, as a renovator and preservative of health; cannot lose its virtue by possession, or its efficacy by facility of attainment.

It is proposed to construct the Baths of all the chief Establishments upon a scale of magnificence which will do honour to the architecture of the country, and become splendid ornaments to the metropolis; to combine all the varieties

of Hot Cold, Salt, Shower, Vapor, Massage, and Steam-Bathing, with the additional gratifications of Reading Rooms, and other amusements.

Other Baths, suitable to the relative conditions of the inhabitants, will also be constructed in various parts of the city and suburbs, so that all ranks of the community will be enabled to enjoy the benefits of Bathing.

The Capital to be invested is £20,000*l.*, and this sum is to be raised in 50*l.* Shares; but a power is given to the Directors to increase the said Capital to 250,000*l.* if they hereafter think proper, the present Proprietors having the preference in the purchase thereof. Two pounds deposit or instalment is to be paid upon each Share at the purchase thereof, and a further instalment of three pounds on signing the deed of settlement; two months' notice shall be given of the last day on which the said deed shall be open for signatures. Other calls will be made upon the Shareholders as the Directors may think necessary; but such calls shall not exceed five pounds per share at any one time, and two months' notice shall be given of every such call; and the instalments must be paid upon the shares as they become due.

No person shall be allowed to hold, in his or her own right, more than Forty Shares.

The holders of five shares or upwards shall be entitled to attend general courts, and to give one vote on all business which may be legally brought forward; and the holders of fifteen shares shall be entitled to give two votes; and the holders of twenty-five shares, three votes; and the holder of forty shares, four votes.

No person is eligible to the office of Director or Auditor unless he holds, in his own right, ten shares.

Applications for the remaining shares must be made in writing, addressed to the Directors, at the Office of the Company, before the end of the present month: such applications will be considered of as soon as possible, and answers returned.

This day is published, price 10*s.* 6*d.* plain, 1*l.* 1*s.* coloured.

LIZARS' ANATOMICAL PLATES, Part V., containing two Supplemental Plates of HERNIA, from a DISSECTION made and presented by SIR AUSTIN COOPER to the Author.

Published by S. Highley, 174, Fleet-st. London; and D. Lizars, Edinburgh.

Just published by J. WALKER, Paternoster Row, Price One Shilling, RUINED CONSTITUTIONS AND MEDICAL TRAINING.—*The Oracle of Health, Economy, and Good Living.* By Dr. CRELL and Mr. WALLACE. No. 13 contains, Possibility of restoring a weak constitution—Medical Training—Hydrophobia prevented or cured, with the marks of a mad dog—Tests of danger and of advantage in Sea or Cold Bathing—Bowel and Bilious Complaints of hot weather—Mr. Plumb's cure for Pimples—To remove superfluous hair—New French remedies for Indigestion—Diseases of the Unmarried State—Green Sickness—Bitter tonic—Dr. Savanagna's Beauty Improver—Beauty training, adapted to Ladies—Sonnet ambrosial to Mr. Ambrose—Meg Duds's critique on Hotch-potch—Mr. King on Cock-a-leeky—Dr. Kitchiner's humming-bird feast, with his grandmother's spectacles—Hereditary dunces and Borough jobbery—Sir A. Cooper's dependants and flatterers, &c. &c.

No. X. contains cure for Consumption—Cancer—Worms—Baldness, &c. Vol. I. Sixth Edition, price 10*s.* 6*d.* boards, dedicated to the Amateurs at Ambrose's and to the Glasgow Punch-Club, nearly ready.

"This work has much smartness and talent, weighty truths couched in gay language, and many good receipts."—*Literary Gazette.*

Medical Article, No. 1: Indigestion, and No. 2. Bilious and Liver complaints, by the Editors of the Oracle of Health, price 1*s.* in the press.

Printed and Published by G. L. HUGHESMAN, at THE LANCET OFFICE, 51, Strand, London, where all Communications for the Editor are requested to be addressed (post paid). The paper is published at an early hour every Saturday morning, and sold by all Booksellers in the United Kingdom.

# THE LANCET.

Vol. IV.—No. 5.] LONDON, SATURDAY, August 28, 1824. [Price 6d.]

*Prosecution of the Publisher of  
THE LANCET, by the Rev.  
BENGO COLLYER.*

On the fifth of July last the following letter relative to the above subject appeared in *The Times Journal*, and was subsequently copied into others :

*To the Editor of The Times.*

SIR,—It is now some months since it was announced by you in your *Journal* that an indictment had been preferred by the Rev. Dr. W. Bengo Collyer against the publisher of *THE LANCET* for a libel, in having charged him with crimes not only disgraceful to his sacred calling, but even to human nature. I have ever since watched for the result of the trial, but have not yet seen any account of it; in fact, I was told by an adherent of the Rev. Dr.'s that he had abandoned it. Now, Sir, if that is the fact, (which I can hardly credit,) it must have been occasioned by some sincere contrition manifested by the aforesaid publisher, and a public apology and retraction of the slander; and yet I cannot find in searching the public *Journal*, that any thing of the kind has taken place. Perhaps you may be able to furnish some explanation of the matter.

I am, Sir, yours, &c.

INVESTIGATOR.

July 4, 1824.

To this letter no answer has been given either by the Doctor or ourselves, and on Sunday last, another on the same subject was addressed to the Editor of *The News* :

*To the Editor of The News.*

SIR,—I have waited with considerable anxiety to see an answer to the letter of "Investigator," inserted in your *Journal* some weeks past; and finding that none has been given, I am induced, through the same medium, to ask the following questions relative to that affair :—

Did not the solicitor of Dr. Collyer offer the publisher of *The Lancet*, after the Bill of Indictment had been found, an undertaking not to call him up for judgment, if he would plead *guilty*? and was such offer rejected?

Has not the editor of *The Lancet* since made to Dr. Collyer an apology for the libellous article, which has been accepted?

As these are questions respecting which the public mind is anxious to be relieved, I trust some of your numerous readers will favour me with a reply to them.

I am, Sir, yours, &c.

PHILO-CLERICUS.

A continued silence after this would of necessity imply a suspicion that *THE LANCET* "has its price," and that our independence had been compromised. We shall, therefore, lay before our readers as

briefly as possible a complete history of the transaction from its commencement up to the present moment. The public have a right to expect an explanation from us, and we shall only discharge our duty by giving it. We are of opinion that this cannot be effectually done without publishing the Doctor's "Vindication,"—his own version of the notable affair, and which was so "very satisfactory" until the "new depositions" appeared. We are the more inclined to do this, as it will fairly place before the world both sides of the picture, and though on one side the colouring may seem a little more vivid than on the other, yet a trifling degree of penetration will be sufficient to satisfy the observer that the back ground of each is precisely similar. We will now insert the Doctor's statement, together with his "exculpatory" affidavits, said to have been obtained from the men :

#### DR. COLLIVER'S STATEMENT.

The time is arrived when it becomes necessary and proper for me to give every explanation in my power relative to facts upon which the most malignant and revolting reports have been circulated respecting me. I deem it one of the alleviations of this cruel case, that these had reached some respectable individuals before my arrival in London; that inquiries were immediately instituted, and the parties themselves examined; and that those who acted with such candour and promptitude, came to a conclusion satisfactory to themselves and exculpatory of me as to the suspicions excited; certainly altogether unadvised by me, because prior to my knowledge of the prevalence of such a slander. To throw any light upon the origin of the injurious reports in circulation (and I have yet to learn their full extent) I must premise a few facts, which were well known in my private circle, and which are now important to be stated to the public. They are these:—I have for years attached myself to anatomy, surgery, and medicine, although not as a student. I have been in the habit of frequenting the Borough hospital with different medical friends; of examining different cases in which any peculiarity existed, and of attending occasionally the dissecting room to obtain anatomical information.

This was also well known to the lower classes of society, some of whom have availed themselves of my influence, and have, it seems, repeated with insinuations intended to be destructive of my character.

The principal reason which I had for relinquishing a stated day for receiving public calls (Wednesday), was the overwhelming accumulation of applications for medical relief, or for securing aid. I distributed both as far as my knowledge, influence, or ability extended; for some I obtained admission into the hospitals; some I sent to infirmaries and dispensaries; to others I gave cards to private practitioners, as the nature of the case required; all of them I personally examined to determine what sort of assistance the particular case demanded. My brethren in the military must all remember, and will cheerfully testify, how many cases of hernia they have recommended to my attention, from their knowledge of my long connexion with the City of London Truss Society and with its officers. These I examined, certainly not of necessity, but because I was disposed to enter upon every investigation relative to the science of which I have spoken.

Many a poor boy, almost naked in the streets, have I directed to my house, and placed under the care of the Marine Society. As I had no means of securing this object but through the medium of the surgeon of that establishment, and as I knew the Institution had fixed its own regulations as to age, stature, and soundness; unwilling to encroach upon his influence unless I was certain the objects would be eligible in all respects, according to the rules of the Society, I ascertained first these particulars. It has occurred to me once to have the pleasure of assisting in the restoration of a drowned person, and subsequently, in those very baths, the scene of my accusations, to have laboured ineffectually upon another body more than two hours. These points all bear upon the case as illustrative of my known habits, and thus immediately connect themselves with the subject of the reports so uncharitably circulated. At the commencement of May last, the evident ill health of a lad whom I had frequently noticed, almost from a child, together with the application of a young man on his own account, led to those examinations upon which an accusation is founded, but which I considered as merely surgical. The depositions of the parties, sworn before a magistrate, being also of this description, are for this reason alone not published; but copies of them are deposited with W. Stott, Esq., 25, Bucklersbury; Mr. G. W. Cockerell, 20, Blackman-street, South-west; and Mr. R. S. Young, Union-row, Peckham, for the satisfaction of any who may wish to consult them.

The originals will remain in my own possession, where they will be equally accessible, at 4, Brunswick-place, Deptford. I will therefore only affirm, that whatever was then done might have been done before any spectators acquainted with the object of the investigation; that half an hour afterwards, in returning from my walk, I was informed by one of the parties examined, that some of the workmen had expressed injurious surmises relative to what one or two of them professed to have seen (for I intended nothing to be secret), and that I immediately called them together, explained the business, and demanded if they were satisfied; adding, that I would rather die than live under such an imputation uncontradicted for half an hour. They professed themselves perfectly satisfied; and to my surprise, three months afterwards I find this accusation propagated during my absence from London, and giving rise to all the hurtful rumours under which I am now suffering. Subsequently another report obtained, relative to

warm bath, which it was said I had taken with some other person; respecting which also improprieties were affirmed, but of what kind I have heard nothing definite. I recollect taking a warm bath a year ago under circumstances of indisposition, in the presence of a medical gentleman who had recommended it, and who attended me on the occasion, for the purpose of regulating its temperature and of observing its effects; but I am utterly unable to conjecture what evil constructions can be put upon a practice of daily occurrence, more especially as in my own person, on a former occasion, the absence of medical assistance under similar circumstances was productive of results of an alarming description.

The circumstances that have arisen have but too surely shown me the impudence of the things which I have thus stated, and which I lament did not earlier occur to me: their criminality has been created by misapprehension, malignity, and misrepresentation; and let any man ask himself, whether he has not been occasionally in a situation to which surmise and malice might give a criminal colouring? Unconscious of crime, either in act or intention, I am nevertheless exposed by concurrent circumstances to criminal constructions.

Such are the facts: my friends who have known me for years will not think me guilty. A public life of more than twenty years, always open to scrutiny, and devoted with no common ardour to public duty, upon which no stain has been affixed, nor moral slander breathed until the present moment, ought to have some weight in the balance when a plain statement (the only resource left me in my peculiar circumstances) on my part is to be weighed against the vague reports of persons unknown, untried, liable to mistakes from ignorance (to say the least), and possibly influenced by improper motives, who, upon their own showing, have suffered a matter of so much moment (supposing them to believe what they have directly or indirectly circulated) to rest for months undisturbed. I have reason to hope, that a consideration of so much importance will not be overlooked by the candid part of the community, in reference to accusations so easily made and so difficult to be refuted. On this ground principally I consider the mere imputations the greatest calamity which has ever befallen me. I should deem it far less if I were a private individual: I know that "Cæsar's wife ought not to be suspected," and that such a suspicion awakened relative to a minister is likely to produce results equally fatal to his usefulness and his character. I am in this alarming condition; I have not shrunk from scrutiny: I have not shamed the public; conscious of innocence I could not submit to appear guilty. I will not attempt to conceal the agony which this fearful imputation has occasioned me; although I am sensible that the greatest, the best, and the purest of characters have sometimes incurred it. I can only speak the truth; I have no power over the issue. I had hoped to have finished my course without a stain, if not with joy; at all events, I trust I shall not go down finally in my grave with dishonour!

W. B. COLLYER.

August 22, 1833.

## THE AFFIDAVITS.

No. I.

Robert Piper, of Marlborough-place, Havil-street, Camberwell,

Surrey, labouring stone-mason, maketh oath and saith, that the Rev. Dr. COLLYER, late of Addington-square, Camberwell, has for several years past known this deponent and his parents, whom he has frequently relieved with money; that the said Dr. Collyer frequently met this deponent, and inquired after his health; that, about the beginning of May last, the said Dr. Collyer met this deponent near the baths at Camberwell, this deponent being then at work in and near the said baths, when the said Dr. Collyer again inquired after this deponent's health, to which this deponent replied, that he felt pain when he walked fast. That Dr. Collyer asked him whether he felt a pain across his chest, and whether he felt any sensations of pain about the groin, to which this deponent answered that he did. That Dr. Collyer asked him whether he had any objection to be examined; and this deponent answered he had not. Accordingly this deponent accompanied Dr. Collyer to the bath-room, where the said Doctor examined his person, and told this deponent that he, this deponent had a great weakness upon him, and advised this deponent to bathe four times a-week, and to drink camomile-tea every other morning, and gave this deponent two shillings and sixpence; that two or three days afterwards the said Dr. Collyer again saw this deponent, and gave this deponent a card containing the direction of a surgeon to whom this deponent never applied; and this deponent further saith, that he did not consider this examination was at all indecent or wrong, and that he, the said deponent, had not any guilty or improper motive for suffering

such examination; and this deponent further saith, that nothing indecent or improper was said or done to this deponent by the said Dr. Collyer, during such examination, or at any other time, and that this deponent did not then believe, nor does he now believe, that the said Dr. Collyer had any guilty or improper motive for so examining this deponent, but this deponent verily believes that the said Dr. Collyer did it only for the purpose of knowing whether this deponent was in ill-health, and of giving this deponent proper medical assistance and advice, if necessary.

ROBERT PIPER.

Sworn before me, by the above-named Robert Piper, this 23d day of August, 1823.

JOHN PINHORN,  
Magistrate for Surrey and  
Southampton.

#### No. II.

Richard Povey, of Artichoke-place, Camberwell, Surrey, stonemason, maketh oath and saith, that he has known the Rev. Dr. Collyer, late of Addington-square, three years; that, about three years ago, this deponent's mother requested the said Dr. Collyer to get this deponent a situation in the East India service, when the said Dr. Collyer desired to see this deponent, that he might know whether this deponent was in sound health and fit for such a situation, as this deponent has been informed and verily believes. And this deponent further saith, that he accordingly called at the house of the said Dr. Collyer, when the said Dr. Collyer asked this deponent whether his health was good, and whether this deponent had any rupture, for that if he had, he, the said Dr. Collyer,

could be of service to him, as he belonged to the Truss Society; that the said Dr. Collyer then asked leave to examine this deponent's person, to which this deponent consented, and the said Dr. Collyer then examined the groin of this deponent. And this deponent further saith, that he did not consider the said examination was at all indecent or wrong, and that he, this deponent, had not any guilty or improper motive for suffering such examination. And this deponent further saith, that nothing indecent or improper was said or done to this deponent, by the said Dr. Collyer during such examination, or at any other time; and that this deponent did not then believe, nor does he now believe, that the said Dr. Collyer had any guilty or improper motive for so examining this deponent, but this deponent verily believes that the said Dr. Collyer did it only for the purpose of seeing whether this deponent was in sound health, and fit for a situation in the East India service. And this deponent further saith, that about three months ago he accidentally met the said Dr. Collyer, who inquired after this deponent's health, as he was frequently accustomed to do, to which this deponent replied, that he was not well, for that he had a sort of weakness upon him; that the said Dr. Collyer then asked this deponent, whether it arose from the venereal, and whether he had any pain across his stomach, to which this deponent replied that he had such a pain, and that it caused frequent sickness; that the said Dr. Collyer then asked leave to examine this deponent's person, saying that he had studied medicine, and could give him advice, or could procure medicine



for him; that this deponent then accompanied the said Dr. Collyer into a room adjoining the baths in Addington-square, Camberwell, where the said Dr. Collyer examined the person of this deponent, and told this deponent that he had a weakness upon him and desired this deponent to take particular care of himself and to restrain his passions, at the same time giving this deponent religious advice. And this deponent further saith, that when the said Dr. Collyer went away, this deponent told his fellow-workmen what had passed during the examination, when one of the men said that he ought to be thrown into the canal; this deponent asked for what? to which the man answered, for suffering the Doctor to examine him. And this deponent then said, that, although he did not like it, yet that any man in his situation would have acted in the same way, and that he would fetch the Doctor back instantly, that he might clear it up, and which he did soon afterwards. And this deponent further saith, that the Doctor then explained the whole of the case to them, and said, that if such a case as that was to be construed in a criminal light, he must leave off doing good for poor people; that the workmen appeared satisfied, and the Doctor left them. And this deponent further saith, that he did not consider that the said last examination was at all indecent or wrong, and that this deponent had not any guilty or improper motive for suffering such examination. And this deponent saith, that nothing indecent or improper was said or done to this deponent by the said Dr. Collyer during such last examination, or at any other

time, and that this deponent did not then believe, nor does he now believe, that the said Dr. Collyer had any guilty or improper motive for so examining this deponent; but this deponent verily believes that the said Dr. Collyer did it only for the purpose of knowing whether this deponent was in ill health, and of giving this deponent proper medical advice and assistance, if necessary.

RICHARD POVEY.

Sworn before me, by the above-named Richard Povey, this 23d day of August, 1823.

JOHN PINHORN,  
Magistrate for Surrey and  
Southampton.

### No. III.

William Towsey, of Norfolk-street, Southwark, stone-mason, maketh oath and saith, that about three months ago, this Deponent was at work near the baths, in Addington-square, Camberwell, when, in consequence of some information from a fellow-workman, of the name of Robert Piper, relative to Dr. Collyer, that he, this Deponent, after observing the said Dr. Collyer and Povey enter the bath, got upon the roof of the said bath, and looked in through a hole in the ceiling, when he saw another fellow-workman, of the name of Richard Povey, being examined in the bathroom by the Rev. Dr. Collyer, as to his person, which was exposed; that they continued in the room about ten minutes; but that this Deponent heard nothing said by either of the parties--that the said Dr. Collyer, during such examination, had a stick and a telescope in his left hand, and, as this Deponent believes, had a great coat on; that the said Richard Povey and the said Dr. Collyer stood face to face

during the whole time, and did not, at any time, place himself in any other position about the said Richard Povey's person, and this deponent saw nothing indecent done by the said Dr. Collyer, nor any thing indecent about his dress; and this Deponent farther saith, that when the said Dr. Collyer and the said Richard Povey came out of the said baths, the said Dr. Collyer went away, after which the said workmen reproached the said Richard Povey with what had passed in the baths, who, in consequence thereof, fetched back the said Dr. Collyer, who told the said workmen that he had examined the said Richard Povey for the benefit of his health, and upon that representation, the said workmen declared that they were satisfied, and that they would say no more about the matter.

WM. TOWSEY.

Sworn before me, by the above-named William Towsey, this 23d day of August, 1823.

JOHN PINHORN,  
Magistrate for Surrey and  
Southampton.

On the 12th of October we published the new depositions from the same parties, together with an additional one from another eye-witness of the name of KEATES. On the 27th, five of the Doctor's most respectable friends sent an advertisement to the newspapers stating that they had submitted a case to counsel on the behalf of Dr. COLLYER, and who declared that what we had published did not afford ground for action or prosecution, yet on the 28th of November the following scolding advertisement appeared in all the Journals of the day, and the identical articles upon which the Bill of Indictment was found, on the 26th of Novem-

ber, were those very articles which the Doctor's friends, with his KNOWLEDGE,\* had advertised as not being actionable or indictable on the 27th of October.

After having thus tacitly admitted that they were not libellous, the doctor must be possessed of no ordinary portion of assurance had he presented himself in a court of law and solicited a contrary verdict at the hands of a jury. Here is the advertisement announcing the finding of the bill:

THE REV. DR. COLLYER. — *To Booksellers, Newsmen, and Hawkers.*

The Rev. Dr. Collyer has long forborne to seek the protection of the law from the many and unmerited libellous insinuations by which he has been assailed. Sustained by conscious innocence, and by the cordial and unabated attachment of his congregation and innumerable friends, as well as by general public support, he was indisposed to give importance to calumnies of which the motives were as obvious as their cruelty was great. As a Christian Minister, also, he was inclined to suffer rather than to punish wrong, and to imitate the good Archbishop Tillotson, in whose closet was found after his death, a bundle of papers, with an inscription: "Libels by men who will, I hope, be pardoned by God, as they are pruned and forgiven by me." But the number, succession, and increasing virulence of these publications have at length induced him to yield to the urgent recommendations of his friends, sanctioned by eminent legal advice, and to appeal to the judges

\* This we can prove.

and jurists of his country for defence.

An indictment has been therefore this day preferred and found by the Grand Jury against Joseph Onwhyn, the publisher of the *Lancet*, on which he will hereafter be tried, and against whom a warrant is obtained; but as Dr. Collye would shun all needless vindictive measures, he has desired publicity to be given to the prosecution, that other persons may be cautioned to abstain from the sale or circulation of any papers, injurious to him; and he hopes that no booksellers, newsmen, or hawkers will hereafter complain, if the most summary legal measures be adopted against all those who, after this notice, shall continue to offend.

(Signed) JOHN WILKS,

Solicitor to the Prosecution.  
Finsbury-place, Nov 27, 1823.

Of this precious document we shall say a few words presently. As soon as the Editor knew of the finding of the bill, he immediately offered to come forward and take all the responsibility upon himself, provided the Doctor would give an undertaking to relinquish proceedings against the printer and publisher; this offer was refused. The publisher then put in the required bail, and, at the proper time, his plea of NOT GUILTY. Some weeks subsequent to this, the defendant received notice that the Editor *would then be accepted*; and after one or two interviews with the prosecutor's counsel and attorney, an evening was appointed for the defendant to attend at the latter gentleman's house with the necessary documents to prove the identity of the Editor; when, however, the publisher called upon that gentleman, (Mr. Wilks,) instead of

inquiring about either the Editor or the documents, he commenced a very plaintive, saint-like story, and finally recommended Mr. Onwhyn to plead guilty by way of getting rid of the unpleasant affair, and promised, if he would do so, *not to call him up for judgment*. The proposal was rejected. This, therefore, is an answer to the first query of "Philo-Clericus."

From that time to the present, no application respecting the Editor has been made, and notwithstanding the above offer to Onwhyn, that they would not call him up for judgment if he would plead guilty to the charge, and although that offer was made some months ago, they have not done him the justice to this hour of *releasing his bail*; so that the indictment is still pending against him, and thus the affair rests.

In reply to the second query of Philo-Clericus, viz. has not the Editor of THE LANCET made an apology to Dr. Collyer? we answer most unequivocally, *no*.

The history that we have here given is not calculated, we think, to add to the reputation of the "saints," for either straight-forward dealing or generosity: what, for example, can be more unjust than the conduct that has been observed towards the publisher. Again, look at the canting hypocritical advertisement of WILKS, containing a farrago of nonsense about "indictments," "Bishop Tillotson," "warrant," &c. &c. when at the moment this document was put forth, it never was intended that the cause should go to trial; and it was hoped by a little cunning management, that the *finding* of the bill of indictment, would have all the beneficial effects

which could result from a verdict of *Guilty*, the scheme however, unfortunately for the saints, has completely miscarried, and the intelligent part of the public will rejoice at it. We cannot avoid observing here, that if Dr. Collyer had proceeded by indictment against every bookseller in the kingdom, and had succeeded in throwing the whole of them into dungeons, that it would not have had the effect of establishing the purity of his conduct, because this mode of procedure does not admit of the confirmation or refutation of any one of the alleged facts. Nothing but the most ample investigation can have the effect of clearing the matter entirely up. The whole affair is most curious, and pregnant with suspicion. Let the Doctor's own statement, for example, be read with attention, then look at the depositions which are to confirm that account, really they are most extraordinary; but we shall not point out their peculiarities, they speak too plainly of themselves. It has been insinuated that the depositions of the men published by us last year were false, and that we had framed them in such a manner as was best calculated to suit our own purposes; the fact we are now about to relate will demonstrate most clearly at whose door that imputation lies. On the 23d of last September, an attorney of the first respectability, together with a friend, met PIPER and POVEY at the house of Mr. STOTT, Solicitor, 26, Bucklersbury, for the purpose of inspecting the affidavits, as the men were dissatisfied at the manner in which these affidavits had been published: they stated this to Mr. STOTT, when that gentleman re-

plied, they had been *published as correctly as possible*; at which Piper remarked, "you know, Sir, I told you\* about the *sensation* concern; and there isn't a word said about it." "Why, no, no," said Mr. STOTT, "we---we---could not publish *that*, of course!"

We have now discharged our duty to the public by laying before them the particulars of this disgusting transaction; but we cannot finally take our leave of the saints without taking some credit to ourselves for having been the first to direct the attention of the government to the intercourse which existed between the tract people and the army, and we called for the interference of the executive to prevent a continuance of so unnatural a connexion: our call has been answered with a promptitude which reflects the greatest credit on the wisdom of his Majesty, and the following order, issued from the Horse Guards, will give infinite satisfaction to every reflecting mind in the United Kingdom.

(No. 414.) GENERAL ORDERS.

Horse Guards, May 18, 1824.

It has been reported to the Commander-in-Chief that in some instances regimental officers have been employed by certain societies for the distribution of bibles and religious tracts among the troops, and considering that such a duty belongs solely to the chaplains of the army, who are attached to garrisons or brigades, and who are the proper and only channel, with the approbation of the commanding officers, for all communications of this nature, His Royal Highness strictly forbids military officers from ac-

\* It was Mr. STOTT who drew up the affidavits.

cepting or executing any such commission under the penalty of His Majesty's severe displeasure.

In giving this Order to the army, His Royal Highness feels it essential to declare, that military chaplains are always ready to perform the duties for which they are held responsible, and that they will never fail to issue to the troops, under regular authority, whatever it may be proper to distribute among them.

By His Royal Highness the Commander-in-Chief of the Forces.

HENRY TORRENS,  
Adjutant-General.

Poor saints! this is a deep cut for them; it has bled them to syncope, and THE LANCET will never be forgiven.

*Case of Hemorrhage into the Urinary Bladder, from fungoid Tumours of the Prostate, requiring the high operation for the removal of the Coagula.* By A. COPLAND HUTCHISON, Esq.

[Concluded from Vol. iv. No. 6, p. 190.]

The report of this case coming from the pen of the above distinguished surgeon, and the treatment which was adopted having been sanctioned by the still more distinguished Sir A. COOPER, will contribute, in no small degree, to excite the attention of the profession. Notwithstanding, however, the celebrity of the surgeons engaged, we apprehend that few of their fellow-practitioners will be inclined to pursue the same course of treatment as was here employed. The case was, doubtless, one of great ambiguity and difficulty; and, considering the shortness of time allowed for reflection, it is very probable that other surgeons would have

acted in a similar manner, had they been similarly circumstanced. It is not our desire, therefore, to speak reprehensibly of what has been done, farther than to prevent a repetition of what we conceive to have been a very serious, if not fatal, error.

Fungous disease of the bladder and prostate appears to be of very rare occurrence, this being only the third case which has fallen under the notice of Sir A. COOPER. The first was that of a man in the neighbourhood of the Hospitals. A catheter was passed into the bladder of this patient for retention of urine. During the remainder of the day, he passed nothing but blood. Other attacks having succeeded this, at length he died; and, upon examination, a fungous polypus was found growing from the base of the prostate gland.\*

The next case seen by Sir ASTLEY, and which he has probably forgotten, was that of Stephen W. in Jacob's ward, St. Thomas's Hospital, the history of which was given in No. 6, Vol. III. of this publication. A difference of opinion having existed among the surgeons whether there was a stone in the bladder or not, Sir A. was desired to sound the man, which he did one night, after surgical lecture, in the presence of Mr. KEY, and several of the students; and, after a most careful examination, declared there was no calculus. Sir A. desired the sister to give his compliments to Mr. TRAVERS (the man being that gentleman's patient) to that effect, and at the same time requesting her to tell him, that the operation

\* Sir A. C. relates this case in his fifty-eighth lecture, and it will be found in No. 9, Vol. III. page 265.

of lithotomy was not to be performed. This poor man, after suffering severely for several months, died on Wednesday, the 4th of May. A post mortem examination having been instituted, the kidneys were found very much diseased, and two fungous tumours were seen projecting into the bladder from near the entrance of the ureters. There was no calculus.\*

The third case seen by Sir A. COOPER is the one now under consideration. Mr. HUTCHISON informs us that his patient had been afflicted with disease of the bladder for upwards of twenty years, out of which time he had himself attended the gentleman eight or nine years, and that "from the first the complaint appeared to have been seated in the prostate gland; for years he was under the necessity of voiding his urine from three to six times during each night, and on the 26th of February last he was seized with a suppression (retention) of it." It appears, in consequence of this, that a Surgeon of the neighbourhood introduced a catheter, and drew off about a pint of urine; when Mr. H. visited the patient about ten o'clock (only a short time after), the bladder was then considerably distended, *but all his efforts to introduce the catheter then proved fruitless.* The instrument, at length, was passed about twenty hours afterwards, and a quart of dark coloured urine was drawn off; the patient's condition now materially improved. On the 2nd of March, after having introduced the catheter with facility, and drawn off about half a pint of urine, Mr. H. states, that a quarter

of an hour had scarcely elapsed, when he received a sudden summons to attend his patient; and, upon his doing so, found him labouring under greater suffering than ever from distension of the bladder; when the introduction of the catheter satisfied Mr. H. that the fulness of the bladder was caused by internal hemorrhage. Sir A. COOPER was sent for, to whom Mr. H. proposed "to cut into the bladder from above the pubis; the diseased state of the prostate alike precluding the possibility of performing the operation through the perinæum or rectum." This was acceded to, and Mr. H. performed the operation by making an incision into the urinary organ, of from two to three inches in length, cutting between the pyramidal muscles. Having done this, he scooped out, by means of a table-spoon, upwards of a pint of coagulated blood. Upon introducing the fingers into the bladder, two fungoid tumours were found projecting into it from the prostate; the left was about the size of a hen's egg, and the other that of a large walnut; "the entrance of the urethra was situated between the two tumours." Mr. H. goes on to state, that "a syphon was then made of a leaden catheter, one end of which was introduced into the bladder by the wound, and a calf's bladder was made fast to the other, as a reservoir for the urine. The head and shoulders of the patient being raised by pillows, an opiate administered, and the instrument properly secured, we left him in a comparatively easy and comfortable state, and the syphon performing its office efficiently." Mr. H. continues to remark, that the case proceeded most favourably for the first three days after the opera-

\* Probably it was found by the night-nurse on the following morning!

tion; on the fourth, however, a great change took place, "and, notwithstanding every effort to save him, he continued to sink gradually until the 7th of March, being the sixth day after the operation, when he died." Permission to inspect the body was not obtained. Mr. H. concludes his account thus: "I have related the particulars of this case at some length, as it is the first of the kind that ever came under my observation."

Now, although Mr. Hutchison has detailed the particulars of this unfortunate case at considerable length, yet we cannot avoid saying that the report is written in an exceedingly loose, unsatisfactory manner, and not at all in accordance with what we should have expected from the pen of that gentleman. The value of published surgical and medical cases is generally in exact proportion to their accuracy and minuteness; and even a little carelessness or inattention on the part of the writer will often render the history of a most important case not only worthless, but absolutely injurious, by causing deductions to be drawn from false premises; if the *appearances* and *symptoms* of a disease, for example, are accurately given, and the *treatment* be either imperfectly or inaccurately recorded, should the malady prove fatal, we may be thus led to undervalue the remedial measures, whilst, on the other hand, should they prove successful, we may again put a false estimate on our remedies by awarding to them an undue degree of power. We have been induced to make these remarks in consequence of the slovenly manner in which the report now before us has been written: indeed, so carelessly has it been

drawn up by the author, that it is almost impossible to catch his meaning—what, for instance, is to be understood by this passage?—"A syphon was now made of a *lead* catheter, one end of which was introduced into the bladder *by the wound*, and a calf's bladder was made fast to the other, as a reservoir for the urine;" and, a little further on, Mr. H. tells us, that, upon leaving his patient, this syphon was performing its office efficiently. Now, in the name of heaven, what does our author wish us to understand by the above paragraph—he surely, while in his sober senses, does not mean to assert that a tube, not a *quarter of an inch in diameter*, was introduced through the wound of the bladder, for the purpose of conveying away the urine, this wound being, at the same time, according to Mr. H.'s account, of sufficient magnitude to admit a *table-spoon*—of what use then could such a tube be? How was it possible that the urine could ascend through the tube while there were inches of space surrounding it by which the fluid could readily escape and extravasate among the neighbouring parts? These are questions which we are incapable of answering, and, indeed, with the exception of Sir LUDWIG HARVEY, we do not know who can answer them: that scientific gentleman would, doubtless, be enabled to do so most readily and satisfactorily in virtue of his new hydrostatic discovery. Strange as the introduction of such a tube would appear under any circumstances, it is here rendered peculiarly singular, as *the urethra at the time was free from obstruction*, and a catheter therefore might have been passed into the

bladder through that canal. That we may avoid the charge of misrepresentation, we will quote Mr. H.'s own words, when giving a description of the state of the bladder immediately preceding the operation: "*I now endeavoured, by injecting warm water, and by the frequent introduction of the wire of the catheter, to break down the coagulated blood, but to no purpose.*" Here we see that the instrument is freely passed just before the operation; and, after the bladder had been cut into, Mr. H. says that Sir ASTLEY and himself, upon examining the bladder, discovered two fungoid tumours projecting from the prostate gland, and "*the entrance of the urethra was situated between the two tumours.*" Under these circumstances, we again repeat that the introduction of a tube, and such a tube, through the wound above the pubis, was uncalled for and injudicious, as it facilitated an extravasation of urine, which occurrence, always an untoward one, might have been effectually obviated had the catheter been introduced through the natural canal.

Our author has dismissed the case in so very abrupt a manner, after having narrated the operation, that we are left in complete ignorance of the condition of the patient for some days previous to his dissolution. Mr. H. says, that every effort was made to save him, (and which we fully believe,) yet, at the same time, we cannot but remark, that the object of giving publicity to cases, (viz.) instruction or caution to other surgeons, would have been more adequately fulfilled had every particular been faithfully recorded. In consequence of the neglect in this respect, we are left

entirely in the dark as to the immediate cause of the patient's death.

We shall now conclude our notice of this case with a few remarks on what we conceive to have been a very great impropriety in the treatment; viz. cutting into the bladder from above the pubis, for the purpose of extracting the coagulated blood. No surgeon who places the slightest value on the welfare of his patients, or justly appreciates his own reputation, will ever perform an operation without having first considered what will be its probable or possible result; and unless there is a fair chance of its prolonging life, it ought not to be undertaken, especially such an operation as the one now before us, being in itself of so formidable a nature, that it often proves mortal. Now, by prolonging life, we do not mean an hour or a day, but a period worth having, a time sufficient to compensate for the risk and suffering occasioned by the operation. Had Sir Astley and Mr. H. thus reflected, we believe they would not have ventured to perform the high operation in this instance; what are the facts? Mr. H. says, it was evident from the first, that the prostate was diseased, that its enlargement could be felt through the rectum, and that its diseased condition prevented the operation from having been performed, either in the perineum or through the rectum. Clots of blood had often passed with the urine, "and as he had not felt pains in the loins, we did not," says Mr. H. "suspect the kidneys to be the source of the hemorrhage." Under all the circumstances we are decidedly of opinion, that the operation above



the pubis should not have been attempted; for its beneficial effects were likely to prove of only a very short duration, as it left the cause of the evil precisely where it was found, and did not therefore, in the least degree, afford any protection against a recurrence of the hemorrhage, nor a source of relief, should it return. We all know the proneness of fungoid tumours to spontaneous bleedings, and their frequent repetition when once they have happened; and conformably to these established facts, that operation which would leave a channel for the future escape of the blood, was the only one in any way calculated to afford the wished-for relief, and there was no means of securing this, but by cutting into the bladder through the rectum. Mr. H. says, that the enlarged state of the prostate prevented the attempting that operation, but the description of the tumours, subsequently given, negatives that assertion, and shows that it might have been accomplished with the utmost ease and security; and by thus making a permanent opening of some magnitude at the most depending part of the bladder, the blood and urine would have found a ready exit through the rectum, and the life of the unfortunate sufferer have been, in all probability, materially prolonged.

### CHEMISTRY.

#### *Decomposition of the Oxalate of Lime by Potass.*

M. LAUGIER, in analysing an urinary calculus, which he found composed of

Uric acid - - - 1 part.  
Urate of ammonia - 4

Phosphate of ammonia  $\frac{1}{2}$   
Oxalate of lime - 1  $\frac{1}{2}$   
Animal matter - - 2  
Waste and moisture 1

had an opportunity of observing a very remarkable fact, the complete decomposition of the oxalate of lime by potass.

M. LAUGIER says, \* that he heated ten parts of this calculus with a weak solution of caustic potass, with the intention of separating the oxalate of lime from the uric acid, either pure, or in a state of combination, this being the mode recommended by all authors for effecting the separation.

The insoluble portion, which M. L. considered as the oxalate of lime, turned out to be pure carbonate of lime. As this could only have been produced from the oxalate of lime, it was evident that this salt had been decomposed by the potass, and, on examination, the oxalic acid was found united with the potass. M. LAUGIER, desirous to verify this fact, took 100 parts of artificial oxalate of lime, and boiled them with a solution of potass, when he succeeded in completely decomposing it. The experiment was repeated on 20 parts of oxalate of lime, which were taken from a mulberry calculus, harder than ivory, and two experiments with the solution of potass were sufficient to effect their complete decomposition. From this it may be seen that a solution of potass is not a good substance, particularly when warmed, for separating the oxalate of lime from substances soluble in that alkali, which almost always contains carbonic acid, or absorbs it during the operation. If the potass used by M. LAUGIER

\* Journal de Pharmacie, x. 261.

was in any degree carbonated, it will easily explain the fact which we have just related, because oxalate of lime is easily decomposed by carbonate of potass. If the potass was perfectly pure, it proves that oxalate of lime is capable of being decomposed by that substance in a caustic state.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

The *Archives Generales* for last month contains several interesting articles; among which are, some observations on the perforation of the parenchyma of the lungs, by M. LOUIS—anatomico-pathological observations on hypertrophy of the heart, by M. BOUILLARD—a paper read in the name of M. DUPUYTREN, before the Royal Academy of Medicine at Paris, on the extirpation of two tumours, &c.

#### *Observations respecting the Perforation of the Parenchyma of the Lungs, by the opening of a Tubercle into the Cavity of the Pleura.* By M. LOUIS.

The subject treated of in this article is so important, and all information respecting it so desirable to those who take any interest in the diseases of the chest, that we shall make no apology for presenting our readers with a full account of its contents. M. LAENNEC has, in a valuable work, directed the attention of medical men to a very serious circumstance which is sometimes observed in the course of pulmonary phthisis, and which accelerates the fatal termination of the disease—we allude to the perforation of the pa-

renchyma of one of the lungs by the bursting of a tubercle into the cavity of the pleura. This accident presents two principal varieties: sometimes the tubercular excavation communicates with the bronchia; at others it does not: but, in both cases, the time at which the perforation occurs is often marked by very severe symptoms, and sufficient, when they are well marked, to enable one to form a certain diagnosis, or, at least, a pretty accurate one. These symptoms have not yet been laid down by authors, and to supply this deficiency, M. LOUIS has published the following cases, which came under his notice at the hospital *de la Charité*.

Case 1st. *Phthisis Pulmonaris; tubercular excavation communicating with the bronchia, opening into the pleura of the left side, &c.*—A man, thirty-six years of age, and of short stature, was admitted into *la Charité* on the 16th of September, 1822. The man had for some time past had a bad cold, which affected his health, and, three days before his admission, he had been suddenly seized, after vomiting, which was produced by the vapours from burnt charcoal, with a violent pain in the left side of the chest, accompanied with choquing and extreme anxiety. These symptoms preserved the same degree of violence for the first twenty-four hours, after which they lost somewhat of their severity. On the day after his entry into the hospital, the pain of the chest continuing to a considerable degree, twenty leeches were applied to the part affected. On the next day he had the appearance of great lassitude, the countenance was pale, breathing difficult; acute pain in

the left side of the chest, which, on being struck, gave a very clear sound, clearer even than the opposite side, but the respiration was not to be heard; moreover, there was none of the tinkling sound (*tintement métallique*) either in inspiration or expiration, speaking or coughing, expansion of the intercostal spaces, which had also become more prominent; cough rare, slight expectoration, pulse 120 in the minute, heart's pulsation scarcely to be heard out of the immediate vicinity of this organ; tongue in the natural state; mouth dry, great thirst, loss of appetite, weight at the epigastrium after a meal, pain on pressure in this part, which last symptom he has had for the last two months. (*Venæ sectio ad 3x. Mucilaginous drinks, infusion of violets with some simple syrup.*) On the 20th of September the symptoms were nearly the same, and leeches were applied to the left side, which was found three-quarters of an inch broader than the right. On the next day a blister was applied. On the 25th, the pulse fell to 92; the difficulty of breathing varied, being sometimes very great; the projection of the left side still more apparent than before; the results of the stethoscope and percussion the same. The symptoms varied little on the following days, and on account of the bad temper and indolence of the patient, the stethoscope was not again tried till the 5th of October; then in the upper part of the left side of the chest a kind of confused murmur was heard, and just at the inferior angle of the scapula the *tintement métallique*. In the same point, as well as below, on percussion, a very dull sound was given, whilst

it was very clear anteriorly, where the tinkling sound did not exist; the pain had left him; the left arm was oedematous throughout its whole extent. On the 7th of October the tinkling sound was very distinct for five inches below the scapula, and in nearly the whole of the anterior part of the chest; on the 8th the sound was very manifest immediately below the scapula; percussion very dull anteriorly; an erysipelas appeared on the left arm, which ran through its different stages as a case of simple erysipelas. On the 13th percussion tried on the left side of the chest, anteriorly, afforded no sound in the upper part, whilst the sound under the scapula, and below the breast, in front, was very loud. The tinkling sound could be heard under the scapula, and on a level with the breast, but no where else. On the 14th the sound was only to be heard in a very small spot below the breast. The patient became every day weaker, and the oedema of the left arm increased. On the 18th a redness and swelling were observed on the thighs, and on the 19th these symptoms were more distinct. On the 20th, from the left side a very clear sound was obtained from the breast to the clavicle, and there was none of the *tintement métallique* in that point. On the 21st the patient's look was considerably altered; his expectoration, which was copious, resembled that which is found in persons with tubercular excavations, and at three in the afternoon he died, thirty-eight hours after the commencement of the symptoms which announced the perforation of the lungs. During the patient's illness, the appetite had been variable, sometimes entirely wanting;

the epigastrium painful, food of any description, even the lightest, occasioned a weight at the pit of the stomach; the bowels more or less open; expectoration generally scanty; perspiration moderate.

The body was examined seventeen hours after death. Considerable œdema of the inferior extremities, especially of the left side, where the inguinal glands were larger and more developed than on the right; on the left arm, where the erysipelas had been, the skin was still a little red, and just below it was a small abscess. Slight effusion beneath the arachnoid; three spoonfuls of serum in the lateral ventricles, which were of a soft consistence.—*Chest.* On the left side were four pints at least of green pus, having no smell, but containing a few bubbles of air; the corresponding lung adhered to the parietes of the lung, was flattened opposite to the spine, was two inches and a half thick in the largest part; presented behind, opposite to the angle of the third rib, a circular opening four lines (one-third of an inch) in diameter, which was the orifice of a kind of canal of the same width, and about an inch and a half in length, in which there was one of the principal bronchial ramifications. This canal was lined with a thin membrane, on which there were numerous granulations, and which had evidently once been a larger cavity, but had subsequently become contracted from the compression of the air and pus. Several small excavations, partly empty, were observed at the top of the same lung, which presented in the remainder of its extent numerous granulations, grey and semi-transparent; a false membrane, of a line in thickness,

covered it as well as the corresponding part of the thorax in their whole extent. There were at the upper part of the right lung some tubercles in a state of suppuration, and a depression corresponding to a semi-cartilaginous substance enveloped with a dry black substance. Mucous membrane of the bronchia of a bright red, superficial ulceration at the inferior part of the trachea. A few ounces of serum in the pericardium; the heart and aorta healthy. Liver and pancreas in a healthy state; spleen large and easily torn; œsophagus healthy; stomach rather distended by a dark coloured liquid; its mucous membrane very soft at the greater curvature, where there were a few red spots; it was ulcerated, and entirely destroyed to the extent of two inches at the lower part of the greater curvature, and the muscular coat in the same part was wanting. There was ulceration also in the small intestines, and in the ascending portion of the colon.

*Case II. Pulmonary Consumption; small tubercular excavation opened into the pleura of the right side, not communicating with the bronchia, &c.*—A female, ætatis 45 years, of rather a strong constitution, but subject to indigestion, had, for fifteen months, been labouring under all the symptoms of phthisis pulmonalis, when she was admitted into *la Charité* on the 4th of June last year; she had, at intervals of some months, been troubled with hæmoptysis, which lasted a week, and within these last four months with pain in both sides of the chest; she had wasted in flesh, lost her appetite, vomited all that she took, had shiverings and constant sweats for

four months past, together with pains in the epigastrium, frequent colics, and often slimy, bloody stools. On the 9th of June, her countenance was yellow, and body emaciated, and breath completely disordered. The epigastrium was sensible to the touch, but gave no sound; under the left clavicle, where the patient had suffered continual pains for three months past, percussion was entirely dull to the extent of upwards of three inches; the respiration sonorous, pectoriloquism evident; there was a slight rattling. On the right side the respiration was natural. The patient was put on low diet, and some mild medicines ordered. On the succeeding days there was diarrhoea, nausea, and anorexia. On the 20th of July, after having for a few days previous been pretty well, the patient was seized near the right inferior angle of the scapula with a pain, at first moderate, but subsequently becoming extremely violent, accompanied with choquing, anxiety, and continual cough, which obliged her to keep the sitting position: these symptoms continued nearly the same all night. On the following day, the 21st, we found the patient in the sitting posture, with the respiration impeded, short, and 52 in a minute; she complained of choquing, and could not bear the right side of the chest touched. In that part percussion gave a clear sound, more so than on the left, but the respiration was not to be heard at all, excepting a little behind and above; there was none of the *tintement métallique*; the pulse was extremely small and weak, and 128. The same symptoms continued on the succeeding days, the uneasiness became insupportable, the signs afforded by per-

cussion were the same, and after the most dreadful agonies, the patient died on the 23d, three days from the commencement of the pain in the back.

*Inspectio cadaveris twenty-four hours after death.* The external appearances presented nothing remarkable. Effusion under the arachnoid; cortical substance of the brain a little red. Trachea and larynx natural.—On opening the right side of the chest an inodorous gas was emitted, and which had occupied at least two-thirds of the cavity. There were about four ounces of turbid serum at the posterior part of the chest, which was lined by a thin, false membrane. The superior portion of the lung adhered to the extent of three inches to the neighbouring parts, by means of a semi-cartilaginous substance, which was half a line in thickness. Immediately below and behind was an opening of three lines in diameter, round, forming the orifice of an empty excavation, lined by a very thin false membrane adhering to the sound parenchyma of the lungs. This small cavity communicated neither with the bronchia, nor with a very large excavation situated immediately above, which was covered by a double membrane, the one soft, the other semi-cartilaginous; the lower two-thirds were filled with grey and semi-transparent granulation. The left lung adhered to the parietes of the chest, and in its upper portion there was a large excavation communicating with other smaller ones and with the bronchia; and in the upper two-thirds a number of grey granulations in the midst of a yellowish substance, soft, semi-transparent, and entirely deprived of air; the rest of the

lung was red and hepatised, the bronchia were of a lively red. The liver was enlarged, covered the stomach, and extended to the umbilicus; its surface was rough. The stomach was contracted, and in some spots was thinner and redder than natural. There were also red spots in some parts of the intestines.

If we look at the preceding cases, we are satisfied that at a period more or less advanced of the disease, the patient felt all of a sudden in one side of the chest a violent pain, accompanied with great dyspnoea and anxiety, and that these symptoms have remained in the same state till death, which has happened from 24 to 38 hours after their first appearance (Case I.); and that on opening the body a considerable effusion of air, pus, or bloody serum, was found on that side of the chest where the pain was situated, the consequence of the perforation of the parenchyma of the lungs corresponding to one of the bronchia, which had opened into the cavity of the pleura, and which sometimes establishes a communication between it and the bronchia.

The relation which exists between these symptoms and the state of the lungs after death, is so striking, that it is only necessary to state the facts to show their dependence: the pain exactly corresponds to the bursting of the tubercle into the pleura, and is caused by it, whilst the sense of choquing and anxiety are the effect of speedy effusion of air or some fluid: from which it follows, that whenever a person affected with phthisis pulmonalis is suddenly attacked with a violent pain in either side, to which are added a sense of choquing, extreme anx-

iety, and all the symptoms of acute pleurisy, a suspicion ought to be excited that there was a perforation of the parenchyma of the lung. The diagnosis of the complaint becomes much more certain by comparing the results obtained from percussion and the stethoscope: for if at the moment when the pain and the other symptoms which accompany it are present, by striking the painful side, a very clear sound is obtained, clearer even than the opposite side, whilst by applying the ear to the points where the percussion is so sonorous, the respiratory murmur is not audible. Moreover, this double phenomenon shows, as M. LAENNEC has proved, the existence of a certain quantity of air between the pleura costalis and the lungs; and as the pneumothorax is one of the immediate effects of the perforation of the parenchyma of the lungs, it is a natural idea that it is here the result of it.

## PURULENT OPHTHALMIA.

*To the Editor of THE LANCET.*

SIR,—The prevalence of Purulent Ophthalmia, as mentioned in your last number of THE LANCET, calls upon every member of the Profession to use his utmost endeavours to check its ravages, and give publicity to such remedies as appear to act most beneficially upon the disease. Under this idea, I beg leave to intrude upon you, that a remedy, which in an extensive practice has proved of singular utility, may be more generally known to the medical world.

From the very accurate description of this disease published in the

**Medical and Surgical Transactions**, by P. MARSHALL, in the year 1811, it would be superfluous to enumerate the symptoms, which must be so generally known. With respect to the treatment in the first or inflammatory stage, those remedies which act generally on the constitution, I have invariably found highly beneficial, and for this purpose have employed a solution of Antim. Tart. given in small doses every five or ten minutes, until nausea is produced; this, with leeches to the eye, a strict antiphlogistic regimen, and a mild fomentation or collyrium, are often sufficient to stop its progress, and frequently eradicate the disease. More generally, however, an indolent inflammatory state remains, for which various astringent medicines have been employed, such as a solution of Argent. Nitr. Cupri Sulph., and various others, both of the mineral and vegetable kingdoms, all of which I have extensively tried, and some with advantage. But the remedy I have found of most essential service, is the Liq. Plumb. Subacet. in a concentrated form, and the best method for its use is by exposing the under surface of the palpebræ, whilst an assistant, with a camel's hair pencil, gently applies it to the part. This is repeated every morning, and in a few days an evident improvement will be manifest. From the number of cases in which I have tried it, I can speak positively as to its effect, which has proved beyond comparison superior to those in general use, and, I doubt not, should it be applied by more of the Profession, the trial will exceed their expectations.—Yours, &c.

T. G.

London, Aug. 16; 1824.

*On the Election of Mr. LLOYD to be one of the Surgeons of St. Bartholomew's Hospital.*

*To the Editor of THE LANCET.*

SIR,—For many years I have had no connection with any of the public hospitals, and therefore have not, till very lately, heard of Mr. LLOYD's election. By what means he attained it, whether by superior ability or interest, I know not, for I have no acquaintance with Mr. LLOYD or any of his connections. I hope and trust we are indebted for this victory to the increased liberality of principles entertained by the governors and officers of the Institution. Be this as it may, his election is a victory, and the greatest in my remembrance which the Profession has obtained. It has broken that chain by which not only every physician and surgeon, but every other officer of the Institution, from the treasurer to the lowest clerk, were bound by every means to support a monopolizing power which should secure every surgical appointment in the Hospital to the apprentices of its surgeons; by such means, not only effectually preventing any competition of merit, but sometimes devoting the characters of the first Hospitals in the kingdom, and the health and future welfare of their patients, to the care and management of men whose abilities might not entitle them to the office of surgeon to a country workhouse.

During the time I was a dresser at St. Bartholomew's, the election was contested, on the resignation of Mr. POTT, I think, by Mr. VALENTINE JONES; but it was considered by all as a most Quixotic

attempt, it being a settled point in every one's mind, that it was worse than futile for a man, even of great professional abilities, to presume to oppose any hospital surgeon's apprenticeship.—Their reasons were specious :

I. That the chance of being surgeon to the Hospital increased the apprentice's fee, and that it was natural for, if not the duty of, all the officers of the Institution to support each other.

II. That a parent, who paid 500 guineas for his son to be an apprentice, for five years, to an hospital surgeon, had always this much desired appointment in perspective ; and,

III. That a young man, so educated, must be more qualified, in every respect, for the office, than any one who had not received such advantages, but had been bred up a stranger to the Institution.

To the first and second reasons I reply, that because a man may afford to give 200*l.* or 300*l.* more than I can as an apprentice fee, his son has no right to exclude mine from a situation to which merit alone ought to entitle him ; for, perhaps, in no other profession, in no other occupation of life, is it of so much consequence that wealth should sink under the superior weight and influence of intellect.

In respect to the last reason, I deny that the education of an hospital surgeon's apprentice is the best calculated to qualify him for the office of surgeon to the Hospital ; for if it were so, we should not have seen many of these men, as we have for five-and-twenty years past, not only a disgrace to the situations they held, but likewise to the profession to which they were educated.

But, let us examine this famous

education, for which so much money is paid, the education of an apprentice to an hospital surgeon. I was very intimate with several of them while I was at Bartholomew's, and one who was afterwards surgeon to the Hospital, told me, that during the whole of his apprenticeship he never received one word of professional information or instruction from his master ; and another, at the same time, made use of these words, " during the whole five years of my apprenticeship, the tuition I have received from my master's mouth has not been sufficient to enable me to distinguish the right end of a probe from the wrong."

No,—the surgeon who received the apprentice, received, at the same time, the more important object, the 500 pounds or guineas ; the youth was then turned into the hospital, as a wild colt is turned to grass, and there he might graze, on professional pasture, as much as he pleased, and extract from it more or less nutriment according to the extent of his physical capacity ; or he might fly off after other food, and vitiate his mental and corporeal powers, as the grossness of his appetite might impel him. The pupils, thus educated, might have great natural abilities, and strong habits of industry, or they might not ; and the character and credit of the hospitals, and the welfare of the patients, were thus submitted to the chances,—to the production of a Pott or a Harvey, a Cooper or a Birch. The product, then, of this highly privileged education was, what was called a *pure surgeon*,—a man, who, if possessed of common ability, accompanied with habits of industry, became, of course, a skilful anatomist ; and



sometimes, but not frequently, a good practical surgeon,—for many of the hospital surgeons are the worst private practitioners, I mean in the daily common cases of surgery. But, what is most remarkable is, that a *very dexterous operator* is seldom the consequence of this hospital education. The public think otherwise:—for operating being, in their estimation, a mere mechanical action, they conclude that frequent practice, with a proper knowledge of anatomy, must make them perfect performers:—but this is not the case; daily practice upon a musical instrument will never make some people good players, nor give dexterity to the fingers of a person who has rigid joints; nor will all the opportunities of operating in an hospital make a good operator of a man who has neither the eye, the surgical tact, nor the dexterity of finger, which are the necessary requisites for such a performer. On these accounts, such a man is a *rara avis*, and in my time appeared at Bartholomew's only in the person of Mr. POTT; and, except that the *amputations* of Mr. EDMUND PITTS were beautiful, not one of the other five surgeons ever performed an operation which drew forth the praises of the spectators.

I understand that the same deficiency existed in St. Thomas's and Guy's: there might be one superior operator, but the rest, the BIRCHES, the WARNERS, the WATSONS, the FOSTERS, &c., were not worth looking at; and some were, and are still, terribly defective.

I have dwelt more upon this point, because it is considered by the public, and I believe by the surgeons themselves, as the prime defect of the hospital surgeons:

in what else are they superior? in the practice of physic they are particularly ignorant; and till Mr. ABERNETHY urged the necessity of medicine in the cure of surgical diseases, most of them despised it, and many of them did not know how to prescribe properly for a common purging draught. In your publication of the 7th of this month a case is stated, of a man taken into Guy's Hospital on the 21st of July, with a dangerous gun-shot wound: he had been without any action in his bowels for two days before the accident, and one would suppose that any medical man would have wished, by active means, to have procured three or four motions immediately; but it does not appear that any attempt of the kind was made till the 22d, the fourth day of constipation, when he was unable, likewise, to pass his water; and then—what then? Dost thou think, reader, that six or eight grains of calomel were given to him, followed by a dose of a strong purging mixture every three or four hours? No,—but a mixture made of half a pint of infusion of roses with *half an ounce* of Epsom salt, of which *two table spoonsful*, only half a drachm of Epsom salt in each dose, were given to him *three times a day*. On the 26th, “the bowels were not open without castor oil”!—could the prescriber expect it? But can this account, Mr. Editor, be correct? \* If it be, or nearly so, I ask you, or any apothecary in the kingdom, if he ever had an apprentice boy

\* I must think that there is an error of the press, it must have been *ziss*. of Magn Sulph.; but, if it had been, *two table spoonsful* three times a day, under all the circumstances, would have been truly ridiculous.—The patient died.

who would not laugh at such practice?

To conclude,—it has been my wish to show, that the sphere from which the Governors have been obliged to elect their surgeons, has been too confined; and that, if candidates were allowed to present themselves from any part of the country, educated under any proper auspices, and the Governors were to act with that liberality of principle which ought to influence them for the welfare of the poor patients, which intended welfare laid the first stone of the institution, each hospital, instead of exhibiting only one or two superior characters, would be able to boast of several, who together would form a constellation which, indeed, would prove the ornament and pride of the profession.

H.

Aug. 17, 1824.

*To the Editor of THE LANCET.*

SIR,—Judging from the salutary effects which have already been produced by your widely-circulated and very instructive paper, it is impossible to appreciate the quantum of good which has already and must ultimately result to the public as well as to the profession, from a work conducted with the spirit and independence which characterise the weekly effusions of THE LANCET. Fearlessly pursue, Mr. Editor, the same undeviating and uncompromising course of rectitude and honour, unawed by power, and uninfluenced alike by prejudice or partiality, and you will not only enjoy the approving reflections of your own mind, but the patronage and support of a discerning public

to a degree commensurate with the acknowledged value of your labours.

I am led to make these remarks in consequence of having perused the short but pithy letter which appeared in THE LANCET of the 7th inst. signed "A Friend to the Afflicted," relative to the *abuses of the Cork-street Eye Infirmary*; the allegations of which, as they stand unrefuted, we must infer are but too true.

Is this Institution, dedicated solely to one particular class of diseases, sanctioned by Royalty, and supported by the liberal contributions of the nobility, to be restricted in its usefulness to the mere routine of admitting under its care, at certain hours and on certain days only, an uncertain number of the poor afflicted with diseases of the eye? Is such the extent, the sole "end and aim" of its foundation? Ought not its benefits to be more widely diffused, like those of its sister institutions, by being made the vehicle of conveying instruction to the rising generation of medical students? Why are the doors of this charity alone to be kept hermetically closed? Where are the practical improvements to be found, which the subscribers and the public have a right to expect should flow from such an ample source of observation and experience? Is its oculist not endued with the faculty to extract advantage from, and turn to account, the means so admirably adapted to advance the knowledge of the nature and symptoms, and improve the modes of treating the interesting and important complaints of the organ of vision? If he have actually availed himself of these practical opportunities, why with negligent hand hide them in a napkin?

confine them within his own bosom? Why not, on the contrary, in imitation of his more zealous fellow-labourers in similar vineyards, bring forth the fruits of his genius and industry? Is it for Mr. Alexander alone to travel from Dan to Beersheeba, and say, "all is barren?" Notwithstanding the Cork-street Eye Infirmary assumes to itself the credit of having been the parent of a numerous offspring, of the many institutions which have of late years risen, in rapid succession, in various parts of these kingdoms, strange to state, *not a single communication, good, bad, or indifferent* has hitherto issued from the pen of the individual who at present fills the situation of its oculist, nor indeed from his equally scientific predecessor (*par nobile*), to enlarge the boundaries of ophthalmic surgery, or to enable his brethren to measure the height and depth of his professional acquirements, or to judge whether they have profitably fulfilled the duties attached to their stewardship. I am indeed just informed by a medical gentleman, that on his appointment to the Cork-street Eye Infirmary, Mr. Alexander, (who, it seems, is such an unmerciful pluralist and monopolizer, that he is represented to engross the threefold office (*tria in uno*) of Oculist, Secretary, and Reporter, to that Institution, by which convenient arrangement he virtually makes himself Judge and Jury in his own cause,) did really announce, in the medical journals of that day, the title of a forthcoming work, intended to enlighten the eyes of those whose visual organs, as Milton expresses himself,

—————"roll in vain  
To find the piercing ray, and find no  
dawn."

Whether this intelligence was designed as a mere "*ruse de guerre*"—a sort of *ad captandum* trick to give éclat to his official appointment, or whether a premature abortion subsequently happened, or the unfortunate hantling was stifled in its birth, cannot be easily decided at this remote interval of time; certain, however, it is, that the labour-throes have *not yet* brought forth even a *rediculum mus!*

Having already exceeded the limits usually prescribed for communications of this nature, I must reserve for a future occasion those which more immediately relate to the malpractices and egregious abuses that have long prevailed *within the walls of the Cork-street Eye Infirmary*, and which I can demonstrate, by incontrovertible facts and authority, are alike *revolting to SCIENCE and HUMANITY*.—I remain, Sir,

AN ENEMY TO HOLE AND  
CORNER PRACTICE.

August 19, 1824.

## HOSPITAL REPORTS.

### ST. THOMAS'S HOSPITAL.

#### CLINICAL LECTURE.

Aug. 18.—GENTLEMEN; Not having (said Mr. TYRRELL) any very interesting cases in the Hospital at present, I am not aware that I can occupy your time better than in continuing the subject of the venereal disease.

#### *Syphilis.*

In my two preceding lectures I spoke of gonorrhoea and its consequences, in this I shall treat of

syphilis and its treatment, and allude to the long train of symptoms which frequently supervene on the absorption of the syphilitic poison into the system. There are two poisons communicated by venereal poison; one, the poison of gonorrhoea, which, falling on a mucous surface, produces from it a discharge which is infectious; the other, the poison of syphilis, which, on being applied to the skin, produces inflammation and ulceration, forming a sore which is called Chancre. Chancres most commonly occur on the penis in males, and the labia and pudendum in females. They are, however, found on other parts of the body. Midwives and women who have assisted at the confinement of persons affected with chancres, not unfrequently have them on the hands or arms, particularly if there be any scratch or wound in those parts. The chancre makes its appearance with a kind of pustule or pimple, and has a base more or less inflamed according to the part on which it is seated. If the chancres be on the glans, the inflamed base is in general small, on account of the little laxity of the surrounding parts; if it be on the prepuce, on the contrary, the surrounding inflammation is generally great. The chancre in its incipient state, that is, as long as it is merely a pimple, is attended with an itching, and when it becomes an ulcer there is seldom much pain unless it be irritable. The most common seat of chancre is in the neighbourhood of the frænum, as the syphilitic matter is most easily lodged in that part. In a few days the pustule ulcerates, and the ulcer is sometimes attended with an aching pain, but this is not severe, unless, as I have just

mentioned, there is great irritability of constitution. When the syphilitic matter is applied to a sore or excoriation, the chancre then has not the same appearances as it presents when it is produced by the matter applied to an unbroken surface; and chancres of this description are extremely difficult to distinguish from excoriations or simple sores; in fact, from the appearance of the sore itself you will not in the majority of cases be able to decide whether it is syphilitic or not. In such case you must take care of the patient's general health, merely applying simple local applications to the part, and wait to see whether any secondary symptoms manifest themselves. When you can be certain that the sores or excoriations are also syphilitic, then they will require to be treated just as other chancres. The best marks for distinguishing between chancres and excoriations is the time at which the sore appears after connection. Chancre does not appear immediately after connection; therefore, if the sore which you suspect to be merely an excoriation, appears on the day after the person had connection with a woman, it is probable that your suspicion is well founded. It has been stated, that several weeks sometimes elapse from the time of connection before the appearance of a chancre; I can conceive it possible that some of the syphilitic matter might be lodged near to the frænum, without producing, for a time, a sore, if the person were in good health, and that on his health being deranged a sore might be excited although weeks had elapsed from the period of his having any intercourse with a female. The average time at which a chancre makes its appear-

ance is on the fourth day after connection. If, then, a person has a sore on the penis immediately after coition, which is superficial, attended with hardness of the surrounding parts, or pain, then may you be satisfied that it is an excoriation. If, on the contrary, the sore has a hardened base, deep centre, and irregular edges, then may you decide on its being a chancre. I cannot too strongly impress on your minds the importance of attending to every mark and sign by which you may be enabled to distinguish between chancre and simple excoriation. From an entire ignorance of these points, I believe that many practitioners needlessly submit their patients to mercurial courses, and that not a few of what are termed 'secondary symptoms' (a vague and indefinite term) arise from the injudicious treatment which the patients have undergone. When the pustule breaks and becomes an ulcer, the ulcer is pitted in the centre, its base is hard, edges irregular, and surface glassy. If the venereal matter be applied to an excoriation, it ultimately produces a syphilitic action, but this is not soon excited, nor has the sore ever the surrounding hardness and livid colour as in chancre. Chancres are generally circumscribed and defined, whereas excoriations are diffused. The pain of chancres is very little, that of excoriations considerable. The usual secretion from chancres is of a thick yellow colour and sometimes bloody, from excoriations it is serous or purulent. Excoriations may be produced during coition, and the syphilitic virus be applied to them, when the sore will have a syphilitic character. When you are doubtful as

to the nature of the sores, explain fully to the patient, if he be an intelligent person, the state of the case, and merely use simple applications, such as lime water, with a little mucilage. The bowels should also be kept regulated. If the sore be syphilitic it will not be benefited by these means, but its character altered; if an excoriation only, it will usually heal. Great difficulty in deciding on many of the sores which occur on the genitals, arises from the application used by the patients prior to their applying to you. Black wash is so well known that few consult you who have not used it, and thus before the constitution is affected, the sore is altered in character. Therefore, if stimulating lotions, or applications of any kind have been made use of, which have altered the character of the sore, it becomes almost impossible to give a decided opinion as to its nature. I shall presently speak of chancres combined with constitutional derangement, but will now speak only of the treatment of simple chancres.

#### *Treatment of Chancres.*

In the treatment of chancres rely entirely on constitutional remedies, and I will state to you, as perspicuously as I can, my reasons for this advice. If a person comes to you with a chancre on the penis, and you give to this patient both local applications and internal remedies, you are obliged to continue the latter longer than is necessary, in order to be certain of their having had an effect on the constitution. When, on the other hand, you merely trust to the influence of mercury, and use no application to the part but a little tepid water, then can you be certain of the

exact time at which the constitution is acted upon by the mercury, by the healing of the sore. If the sore heals under the influence of mercury, and no application has been put to it, then are you sure of the mercury having had the desired effect. Immediately the sore heals by the action of mercury, no local applications having been used, then I always stop the mercury, let the sore have healed in ever so short a time. In my own practice I adopt this plan at present, and have done so for some time, and I have not yet met with a case of secondary symptoms occurring in patients who have adopted this treatment. Previous, however, to your giving mercury, several points are to be taken into consideration. If the patient is irritable, if there be any local congestion, pains in the head, chest, or abdomen, or if the patient is labouring under diarrhoea, you should not exhibit the mercury. These points should be first ascertained before you order the patient to undergo a mercurial course, else you may be the cause, through your inattention, of irreparable mischief. There is a difference of opinion as to the mode in which the mercury should be exhibited; some recommending that it should be taken internally, others that it should be used externally, by friction. Cases may occur in which there can be no objection to either of these modes, but I prefer myself that it should be employed externally. When the mercury is taken internally it not unfrequently disorders the bowels, and produces diarrhoea; and in patients afflicted with piles it excites tenesmus. The only objection to the external use of mercury is the labour of rubbing, and the uncleanness of it, which you

cannot avoid. The internal employment of mercury requires more restriction in the diet than the external; for, when taking mercury, you must avoid vegetables or fruits which are acescent, on account of their affecting the bowels. In the external employment of mercury the bowels are less likely to be acted upon. If, during a course of mercury, the patient should have a diarrhoea, the mercury should be discontinued till the diarrhoea subsides; when the mercury should be again employed. In repeated instances, where mercury has been taken internally, I have known a diarrhoea occur, which rendered it necessary to omit the mercury; and that it has returned as soon as ever the medicine was again taken. These cases are of rare occurrence when the mercury is used externally. The plan I recommend is, that the patient should get a pair of flannel drawers, and wear them continually during the mercurial course, which seldom lasts more than eight or ten days. Besides attention to diet, if you wish the effect of the mercury to be quick and certain, you should not allow the patient to go into a cold temperature. Cold will put a stop to the visible effects of mercury on the constitution when they exist. If a patient has a very sore mouth, from the effects of mercury, and he takes a ride on the top of a coach, it would speedily cure it. I have been obliged to recommend this in one or two cases, where all the local remedies had been used without any benefit, and the soreness of the mouth continued till this was tried, when it instantly disappeared. I am perfectly aware that it would be a most injudicious practice, in most cases, to advise the exposure

of the body to cold whilst under the influence of mercury, as rheumatic affections of the joints, and other most serious complaints, might be produced; thus rendering the remedy a good deal worse than the disease. During a course of mercury, the patient should be in an equable and rather warm temperature; he should rest, and pay particular attention to his diet. A neglect of these points, together with the injudicious use of mercury, is, I fear, the cause of much of the mischief occurring after syphilis. The time which is required for the mercury to affect the system varies according to the constitution of the patients. Great care should be taken in the use of mercury, if the patient is of a scrofulous taint, not to reduce him to a debilitated state. If you will take the trouble to examine the persons affected with diseases of the bones, you will find that a large proportion of them are persons of a scrofulous habit, and who have never had a venereal taint. I have only stated my objections to the use of stimulating lotions, and not adverted to the employment of caustic in the cure of chancres. To caustic I have a decided objection; as, on the one hand, it may cause the mercurial course to be given up sooner than necessary, and, on the other, oblige the patient to submit to one when it might have been avoided. If the mercury be properly administered, every true venereal chancre may be always cured. There is great difficulty in treating chancres situated just at the mouth of the urethra, as they are acted on by the urine. There have been cases of chancres at the urethra in the house a short time ago, and there was great difficulty in curing of them; a short gum-

elastic catheter was introduced a short way into the urethra, and lime water and mucilage applied to the part.

Chancres become irritable after persons have been drinking, leading an irregular life, or exposed to wet or change of temperature. The base then is inflamed and extended, the secretion stopped or very acrid, the sore is tender and irritable, and not unfrequently sloughs. Under such circumstances the patient is to desist from the use of mercury, if he is employing it; to keep the recumbent position, with the penis and testes well supported; and frequently to change the applications. The liquor calcei, with opium and mucilage, is what I find answer exceedingly well in these sores; it should be either warm or cold, as agrees with the patient best. The opium (3j.) should be rubbed down with the lime water (3viii.), and filtered, to which some mucilage should be added. If the opium be not well rubbed down, and filtered with the lime water before the addition of the mucilage, some thick particles of the opium would remain in the wash, which, applied to the part, would excite irritation, and cause a good deal of mischief. If sloughing should occur, be particular as to the position of the patient, and support the powers of the constitution with ammonia, bark, and opium. More minute details of the local and constitutional treatment of sloughing chancres will be found in the lectures of Sir AARLEY COOPER.\*

The consequences of chancre are phymosis, paraphymosis, bubo, warts, and a long train of secondary symptoms.

\* The Lancet, vol. iii. p. 333.

*Phymosis.*

When the parts are very irritable, effusion sometimes takes place into the prepuce, and prevents its being drawn back. The discharge then lodges behind it, keeps up irritation, and increases the disease. This complaint, during the inflammatory stage, requires the same treatment as irritable sores; the position of the patient should be particularly attended to; he should lie on his back, with the penis and testes well supported. In such cases cold lotions agree best with the part; a little saturnine lotion added to the linseed meal is what I recommend. If there is much secretion, a mild injection should be thrown behind the prepuce with a syringe, with a view to clean the part, and get rid of the acrid discharge. With respect to the operation, on no account whatever operate till the inflammation has subsided; for, if you do, a sloughing will most probably ensue, to a considerable extent. It is better to subdue the inflammation in every case by rest, the recumbent position, emollient applications or cold poultices; for a good deal depends on your treatment during the inflammation as to the degree of thickening that remains after it is subdued. If the prepuce is long and hangs over the extremity of the glans, I generally remove a circular portion of the fore-skin, as in circumcision, as it does not hurt the appearance of the part, and as it can be very well dispensed with. You must elongate the prepuce with the fore-finger and thumb of the left hand, and an assistant is to intervene his fingers between the glans and part which you are going to cut, and then with one stroke of the knife you remove a

circular portion of the skin, which will vary in size according to the nature of the case. During the existence of phymosis, if there is a chancre, give no mercury whatever.

*Paraphymosis.*

This is the contrary affection to the other, and consists in not being able to draw the fore-skin over the glans. If you see the person soon after paraphymosis has come on you may generally succeed in reducing it. What you do to relieve the person is to squeeze the glans between the thumb and fore-finger, and then gently to draw the skin over the compressed glans. If this should fail, you must divide the stricture.

Mr. TYRRELL, after making some useful observations on buboes and warts, concluded by observing, that he feared he might have omitted some points, as he was prevented from arranging his ideas on the subject, but he would mention them in the next lecture.

## MIDDLESEX HOSPITAL.

(Continuation of the case of Martha Holliwell, from vol. iv. p. 121.)

Aug. 9th.—Between the period of our last report of this woman's case and the present, there has been some little improvement in the state of her general health; but as there appeared to be no probability of a cure under the present circumstances of the limb, nor chance of the ultimate recovery of the unfortunate patient should the operation be delayed, it was this day performed in the following manner: From the exhausted state of the patient it became especially requisite to prevent, as much as possible, the loss of any blood, and to



tity of blood during the operation; and for the purpose of effecting this desirable intention, the following means were adopted:—in the first place, the limb was tightly enveloped in a flannel roller, commencing with the toes, with the intention of favouring the return of the blood by the veins. An incision was now made, in a transverse direction, on the inside of the thigh, commencing about two inches below Poupart's ligament, and immediately over the psoas muscle. At this point, after carefully separating the nerve which lay on its outside, the femoral artery was tied. An incision was now commenced at the posterior part of the thigh, and brought upwards, in a semilunar direction, till the knife met the point formed by the superior extremity of the first incision; by this process the artery was divided below the ligature and above the origin of the profunda. Another incision through the muscles was now made, on the outside of the thigh, in a similar manner; the retractor was then used, and the bone divided by the saw. The artery was compressed at the groin, during the operation, by the fingers of an assistant. Two small arteries were then taken up and tied. About four ounces of blood were lost during the operation, which however appeared to be principally venous. The flaps were now brought into contact, and the stump dressed in the usual way. The patient was then replaced in bed, and an opiate draught given her.

The first night after the operation passed extremely well; the patient felt comfortable, and had very little pain in the stump. Pulse 95, weak—bowels open—spirits good. For several days no unfavourable symptoms intruded, al-

though she required, as she had been accustomed to have, the assistance of an opiate at night, and was troubled with occasional pains in the stump.

On Thursday it was dressed, and appeared to have united, in a great measure, by adhesion, although some trifling suppuration must have been anticipated;\* she took

*R. Infus. Gentianæ ʒj.*

*Mist. Camphoræ ʒss. ter die* and a Colocynth. pill occasionally, to regulate her bowels. On Saturday considerable irritation and febrile restlessness were present: a little wine and water was allowed her.

On Sunday (15th), she complained of having passed a bad night, although the usual assistance of an opiate was administered; at this period too she became sick, had no relish for food, and profuse perspirations harassed and depressed her,—the pulse was 112, weak and wiry.

Monday, 16th. Tongue rather furred—skin covered with a cold perspiration—countenance indicative of anxiety—the stump looks remarkably well—the upper portion has united by adhesion, the inferior part however seems disposed to suppurate—she had several distinct shivering fits last night, but slept tolerably well after the opiate.

Tuesday, 17th. Has passed a good night, and is much better to-day—pulse 95, and soft—bowels regular, tongue clean—skin more

\* The number and extent of the abscesses in the thigh rendered it difficult to remove them altogether; a part of one, we imagine, was left on the face of the stump, which may account, in some degree, for the suppuration above mentioned.

healthy, and spirits good—she is allowed wine and nourishing diet, and has at present a tolerable appetite—stump looks extremely well.

19th. Pulse 100, weak—spirits and appetite good—bowels regular—tongue clean—skin natural—has no pain in the stump, which was again dressed to-day—the upper part, as observed above, has united by adhesion, and from the lower portion a small quantity of healthy pus is discharged—she takes at present a bitter draught twice a day.

21st. Pulse 95, soft—bowels regular—appetite improving—discharge from the stump healthy, and in small quantity—granulation proceeding well—spirits good—one of the ligatures came away to-day, and another had previously been withdrawn.

23d. To-day the remaining ligature was removed—stump looks extremely well—appetite and spirits good, and general health much improved.

24th. Last week, Mr. CARTWRIGHT amputated the fore-arm of Rt. Scott, and to-day trephined the cranium of Mary Southill; both of which cases, and the continuation of Phillips's, we shall insert in our next number. No other accidents of importance have been admitted during the week.

#### ST. GEORGE'S HOSPITAL.

Monday, Aug. 23.—Mr. BRODIE removed from a woman aged about 45, a schirreus tumour of the breast. The operator began his incision at the edge of the sternum, carried it under the nipple, about an inch

beneath it, and two inches beyond, making the wound about five inches in length; he then made another incision from the same place as the former, carried it an inch over the nipple (thus including that organ in the portion to be removed) till it met the furthest extremity of the former. He then dissected the tumour from the pectoralis major muscle, to which it only adhered slightly by cellular membrane. Several branches of the mammary artery were of course divided, and eleven or twelve were obliged to be tied; after which the integuments were brought together by adhesive plaster.

A man was next brought into the theatre, who, about two years ago had received a blow upon the back of his head, between the parietal and occipital bones, a small wound had been made but was quickly healed; yet since that time a continual pain had been felt in the part. Mr. BRODIE laid bare the cranium, and found an extensive exfoliation, accompanied by a slight degree of depression. The trephine was applied, and afterwards the scalp closed over the part whence the bone had been removed.

We understand that the Senatus Academicus of our University have it in contemplation, to pass a resolution in favour of examining medical candidates for graduation through the medium of the English language.—*Edinb. Advertiser.*

#### TO CORRESPONDENTS.

The address of XX. has been by some accident mislaid, consequently we have been at a loss where to direct Mr. C., of Dublin, that gave the information forwarded to him immediately. Other correspondents are requested to

# • ROYAL NATIONAL BATH COMPANY.

1, Lancaster Place, Waterloo Bridge.

CAPITAL £250,000.

**Directors.**—Sir Walter Stirling, Bart., Chairman, John Gosling, Esq., Deputy Chairman, Robert Child, Esq., Harry Cook, Esq., John Farquhar, Esq., Frederick Finckham, Esq., Joseph Moore, M. D., Sir F. M. Ommamney, M. P., William Rothery, Esq., Richard Saunderson, Esq., Charles Smith, M. D., W. G. Stirling, Esq.

**Bankers and Treasurers.**—Sir Walter Stirling, Bart., Stirling, and Hodsolls, Strand; and Messrs. Masterman, Peters, Mildred, Masterman, and Co., Nicholas Lane, Lombard Street.

**Architects.**—Messrs. Bantock, Geary, and Lewer, Cornhill.

**Solicitor.**—George Abbott, Esq., Mark Lane.

Of the necessity which exists for the construction of Public Baths, there cannot be two opinions; whether it be considered as affording the means of indulging in a recreation so essential to health in a crowded neighbourhood, with a dense and smoky atmosphere; or as the means of removing a great public nuisance, as respects the indecent exposure of thousands daily, which banishes the inhabitants from the most salubrious spots around the metropolis; in either case, these objects cannot but meet with extensive public support. In submitting the conditions upon which a Joint Stock Company has been formed for this purpose, few observations are necessary.

Amongst the most serious evils which arise from the want of proper Baths, the numerous instances of drowning cannot be forgotten; the accidents which happen to bathers in the Thames, the Serpentine, and other rivers, from the inequality of the depth, &c., daily exhibit melancholy proofs of premature mortality, and involve whole families in grief;—these would be remedied by the formation of convenient Baths, under proper regulations; for where all the attendants will be professed swimmers, and the Baths of a known depth, a fatal accident will be next to an impossibility.

The Establishment of the National Baths can scarcely be deemed a speculation; unlike the building of Bridges, the excavation of Canals and Tunnels, or the making of Roads, which in their progress meet with innumerable unforeseen difficulties, this undertaking is merely mechanical, and is susceptible of calculation to the last fraction of expense;—this enables the proprietors to demonstrate that the probable returns to Proprietors, for Capital invested, will be more efficient than those of the most promising undertakings. In calculating upon the patronage of all classes, it must not be forgotten, that what is loudly called for on all hands, as the means of gratifying the Public, and what is recommended by every member of the Faculty, as a renovator and preservative of health, cannot lose its virtue by possession, or its efficacy by facility of attainment.

It is proposed to construct the Baths of all the chief Establishments upon a scale of magnificence which will do honour to the architecture of the country, and become principal ornaments to the metropolis; to combine all the varieties of Hot, Cold, Salt, Shower, Vapour, Medicated, and Pleasure Bathing, with the additional gratifications of Reading-rooms, and other amusements.

Other Baths, suitable to the relative conditions of the inhabitants, will also be constructed in various parts of the city and suburbs, so that all ranks of the community will be enabled to enjoy the benefits of Bathing.

The Capital to be invested is 250,000*l.*, and this sum is to be raised in 50*l.* Shares; but a power is given to the Directors to increase the said Capital to 300,000*l.* If they hereafter think proper, the present Proprietors having the preference in the purchase thereof. Two pounds deposit or instalment is to be paid upon each Share at the purchase thereof, and a further instalment of three pounds on signing the deed of settlement; two months' notice shall be given of the next day on which the said deed shall be open for signatures. Other calls shall be made upon the Shareholders as the Directors may think necessary; but such calls shall not exceed five pounds per share at any one time, and two

months' notice shall be given of every such call, and the instalments must be paid upon the shares as they become due.

No person shall be allowed to hold, in his or her own right, more than Forty Shares.

The holders of five shares or upwards shall be entitled to attend general courts, and to give one vote on all business which may be legally brought forward; and the holders of fifteen shares shall be entitled to give two votes; and the holders of twenty-five shares, three votes; and the holders of forty shares, four votes.

No person is eligible to the office of Director or Auditor unless he hold, in his own right, ten shares.

Applications for the remaining shares must be made in writing, addressed to the Directors, at the Office of the Company, before the end of the present month: such applications will be considered of as soon as possible, and answers returned.

**PRIVATE TUITION.**—The Rev. R. TAYLOR, B.A., of St. John's College, Cambridge, attends Pupils (at their own residence) in every Department of **CLASSICAL, POLITE, and USEFUL LITERATURE.**

\* Medical Students, and Gentlemen preparing for College, will find their advantage in the instructions of Mr. Taylor.

Address at No. 2, Water-lane, Fleet-street.

\* Mr. Taylor is a Member of the Royal College of Surgeons.

#### **THEATRE of ANATOMY and MEDICINE,**

Webb-street, Maze-pond, Borough.

The **AUTUMNAL COURSE of LECTURES**, delivered at this Theatre, will commence on Friday, October 1st, 1824.

On **ANATOMY and PHYSIOLOGY**, by Mr. GRAINGER, daily, at a quarter past Eleven.—Dissections as usual.

\* Mr. GRAINGER has the authority of the Court of Examiners of the Royal College of Surgeons to state, that his certificates will be received as before their regulation of the 19th of March, 1824.

On the **THEORY and PRACTICE of PHYSIC**, by Dr. ARMSTRONG, every Monday, Wednesday, and Friday, at a quarter before Five in the Afternoon.

On **MIDWIFERY, and DISEASES of WOMEN and CHILDREN**, by Dr. DAVIS, on Tuesdays, Thursdays, and Saturdays, at a quarter before Five in the Afternoon.

On **MATERIA MEDICA**, by Dr. ARMSTRONG, every Saturday Afternoon, at a quarter before Four.

On **CHEMISTRY and PHARMACY**, by Mr. RICHARD PHILLIPS, every Tuesday, Thursday, and Saturday, at a quarter before Ten in the Morning.

For Particulars, apply at the **THEATRE**; to Mr. GRAINGER, Dean-street, Borough; Dr. ARMSTRONG, 48, Russel-square; Dr. DAVIS, George-street, Hanover-square; Mr. PHILLIPS, 41, Nelson-square; or to S. HIGHLEY, Medical Library, Webb-street, Maze-pond, or 174, Fleet-street.

\* The **BOROUGH DISPENSARY**, Bermondsey-street, No. 232, is most conveniently situated for Gentlemen attending this School, where every attention will be paid to the Clinical Instructions of Pupils in Practical Medicine and Surgery. The following are the Medical Officers—Dr. ARMSTRONG, and Dr. AYLS, Physicians—Dr. FILKIN, Assistant Physician—Dr. DAVIS, Physician Accoucheur—Mr. GRAINGER and Mr. ALCOCK, Surgeons—Mr. MAUGHAN, House Surgeon and Apothecary.

This probably may be accounted for by the more horizontal position of the neck of the bone and the comparative feebleness of constitution in the former. It occurs in persons of advanced age, and it is a mistake to talk of its happening in young persons. Although I have been now thirty-nine years at Guy's and St. Thomas's Hospitals, and have had more than my share of the practice of the metropolis during that time, I have seen more than two hundred and twenty-five cases of fracture of the neck of the thigh bone within the capsular ligament, yet I have only known two persons in whom this accident occurred under fifty years of age. This fracture, then, rarely happens under fifty years of age, and dislocation seldom at a more advanced period. But the most common period at which fracture occurs is between fifty and eighty.

The reason why the bone breaks so much more readily in age, is, that there is a peculiar process taking place in age which is producing an entire alteration in the structure of the head and neck of the bone. The natural changes which thus take place in the bones in different periods of life are remarkable; they increase in bulk and weight in youth, they remain stationary during the adult period,

and become lighter and softer in the more advanced stages of life. You may cut the bones of old persons with a penknife, which you could not do at the adult period. The neck of the bone undergoes an interstitial absorption by which it becomes shortened and altered in its relation with the shaft of the bone, so that the head of the bone, instead of being above the level of the trochanter, sinks almost to its root. Indeed the bones of an old person may be readily distinguished in the skeleton from those of the middle period of life.

The slightest causes often produce fractures in this state of the bone. The way in which they usually happen in London, is from the person slipping off the foot-pavement, and though it is only the descent of a few inches the unexpected shock acting perpendicularly on the cervix, with the advantage of a lever, produces a fracture. The patient immediately falls, and the accident is very frequently improperly attributed to this circumstance. Even turning suddenly round has produced it.

The union of this fracture has been the cause of much difference of opinion. It has been said, that these fractures will unite like fractures in other parts of the body, by bone. But I have taught for the

last thirty years in these lectures, that, as a general principle, fractures of the neck of the thigh bone, of the patella, olecranon, coronoid process of the ulna and condyles of the os humeri, unite by ligament, and not by bone. In all the examinations which I have made of transverse fractures of the cervix femoris within the capsule, I have had my opinions confirmed, as I have not met with a single instance in which bony union had taken place. I would not maintain its impossibility, but what I wish to be understood to say is, that, if it ever does happen, it is an extremely rare occurrence, and that I have never yet met with a single example of it. Whilst, to support a contrary opinion, only a single instance has been produced, having the shadow of plausibility; and in this case the same appearances were found in both the thigh bones, and even these resembled what I have often observed in the dead body, arising from a softened state of the bones.

There are several reasons which may be assigned for the want of ossific union in the transverse fracture of the cervix within the ligament. The *first*, is a want of the proper *apposition* of the fractured ends of the bone. As it is scarcely possible to preserve the limb in apposition even for a few hours, as

the slightest change of position produces an instant contraction of the large and powerful muscles passing from the pelvis to the thigh, and the ends of the bone become immediately displaced. This is also the case in fractures of the patella, where, notwithstanding all our efforts to prevent the retraction of the muscles, it very seldom happens that we can succeed in supporting a complete approximation of the bones. The *second* reason for a want of bony union, is the *want of pressure* of one bone on the other. Even if the limb were preserved at its proper length, and admitting the capsular ligament not to be torn, this circumstance would operate to prevent an ossific union. There is a large quantity of synovial fluid secreted into the joint, this distends the ligament, and entirely prevents the contact of the bones. After a time this fluid becomes absorbed, but not until the inflammatory process has ceased, and ligamentous matter has been effused into the joint from the surface of the synovial membrane. That cause, which so powerfully conduces to the union of other fractures, is wanting here, viz. the pressure which the *muscles* produce on the broken extremities of bone; for if two broken bones overlap each other on that side on which

they are pressed together, there will be an abundance of ossific matter deposited; but on the opposite side, on which there is no pressure exerted, scarcely any change will be observed. But the *third* and principal reason, is the almost entire absence of ossific union in the head of the bone when detached from its cervix. The principal supply of blood to the head of the bone being derived from the ligamentum teres, which has only a few minute vessels ramifying from it on the bone. The natural supply of blood for the neck and head of the bone is derived from the periosteum, and when the neck is fractured, and the periosteum torn through, the means of ossific action are necessarily cut off. No deposit of cartilage or bone, as in other fractures, is produced, but there is a deposition of ligamentous matter covering the surface of the cancellated structure. On dissection of these accidents, you find that the cancelli are rendered firm and smooth by friction, as in other bones which rub on each other when their articular cartilages are absorbed. Portions of bone remain attached by ligament, or are loose and floating in the joint, covered by ligamentous matter; ~~but these do not excite inflammation, any more than similar portions which are found in the knee or in~~

the elbow joints. The capsular ligament and the synovial membrane are very much thickened from the inflammation which they have undergone, and are therefore very much strengthened. This membrane is sometimes separated from the fractured portions, so as to form a thick band, passing from the fractured edges of the cervix to the head of the bone. Ligamentous matter passes also from the cancellated structure of the head to the neck, thus uniting, by a flexible material, the one broken portion of bone to another. It appears then, as a general principle, that *ossific union is not produced*. I have seen the two preparations of Mr. STANLEY, at Bartholomew's, which were supposed to be specimens of that union, but these have the same appearances on each side; now it is very probable that age or disease might produce similar effects in both bones, but it would be very difficult to suppose that accidents would do so. In experiments which I have made on animals in perfect health, the union was always by ligament. One of the best proofs, however, is a preparation of Mr. LANGSTAFF's, in which the bone is fractured within and without the capsular ligament; that without is united by bone, and that within the capsule is united

by ligament. I have often seen that appearance in the necks of the thigh bones of old people, supposed to represent the union of a fracture through the cervix by bone. But the truth is, that it is occasioned by the absorption of the neck of the bone in the way I have before described, allowing of the descent of the head of the bone just opposite the root of the trochanter major. Here, gentlemen, is the thigh bone of an aged female (holding it up to the class), in which this change has taken place; now where is the neck of this thigh bone? Can you see it? No, I am sure you cannot, for it has gone to the tomb of all the Capulets.

I must defer speaking of the treatment of these accidents until the next lecture.

## REVIEW.

*Elements of Phrenology.* By  
GEORGE COMBE, Esq.

(Concluded from p. 210.)

At the conclusion of the introductory observations, Mr. COMBE proceeds to enumerate the different organs of the brain, to point out their relative situation, and to recite some of the occurrences which gave rise to their discovery. In this part of the work there is no

thing new; but in the article immediately succeeding it, on the "modes of activity of the faculties," there are to be found some novel, ingenious, and forcible arguments, well calculated to silence the imbecile outcry hitherto raised against the phrenological science; our author is not less happy or conclusive in a short essay on Materialism, given at the end of this interesting work, and which we will here insert, for the benefit of our numerous readers.

### " MATERIALISM.

"The objection, that Phrenology leads to materialism, has been frequently urged against the science; but it appears singularly unphilosophical, even upon the most superficial consideration. Phrenology, viewed as the assertion of certain physical facts, cannot, if unfounded, logically lead to any result, except the disgrace and mortification of its supporters. On such a supposition, it cannot overturn religion, or any other truth; because, by the constitution of the human intellect, error constantly tends to resolve itself into nothing, and to sink into oblivion; while truth, having a real existence, remains permanent and impregnable. In this view, then, the objection, that phrenology leads to materialism, is absurd. If, on the other hand, the science is held to be a *true interpretation of nature*, and if it is urged, that, nevertheless, it leads fairly and logically to materialism, then the folly of the objection is equally glaring; for it resolves itself



into this,—that materialism is the constitution of nature, and that phrenology is dangerous because it makes this constitution known.

"The charge assumes a still more awkward appearance in one shape in which it is frequently brought forward. The objector admits that the mind uses the body as an instrument of communication with external nature, and maintains that this fact does not necessarily lead to materialism. In this I agree with him; but I cannot perceive how it should lead nearer to this result, to hold that each faculty manifests itself by a peculiar organ, than to believe that the whole mind acts on external objects by means of the whole body or the whole brain. In short, in whatever point of view the system is regarded, whether as true or false, the objection of materialism is futile and unphilosophical; and one must regret that it should have been brought forward in the name of religion, because every imbecile and unfounded attack against philosophy, made in this sacred name, tends to diminish the respect with which it ought always to be invested.

"The question of materialism itself, however, as a point of abstract discussion, has of late excited considerable attention; and I shall offer a few remarks upon its general merits. In entering on the subject, it is proper to take a view of the nature and extent of the point in dispute, and of the real effect of our decision upon it. The question then is, Whether the substance of which the thinking principle is composed be matter or spirit? And the effect of our decision, let it be observed, is not to alter the nature of that substance, whatever it is,

but merely to adopt an opinion consonant with, or adverse to, a fact in nature over which we have no control. Mind, with all its faculties and functions, has existed since the creation, and will exist till the human race becomes extinct; and no opinion of man, concerning the cause of its phenomena, can have the least influence over that cause itself. The mind is invested by nature with all its properties and essences, and these it will possess, and manifest, and maintain, let men think, and speak, and write what they will, concerning its substance. If the Author of Nature has invested the mind with the quality of endless existence, it will, to a certainty, flourish in immortal youth, in spite of every appearance of premature decay. If, on the other hand, Nature has limited its existence to this passing scene, and decreed that it shall perish for ever when the animating principle passes from the body, then all our conjectures, arguments, discussions, and assertions, respecting its immortality, will not add one day to its existence. The opinions of man, therefore, concerning the substance of the mind, can have no influence whatever in changing or modifying that substance itself; and if so, as little can these opinions undermine the constitution of the mind, or its relations to time and eternity, on which, as their foundations, morality and religion must and do rest, as on an immutable basis. According to phrenology, morality and natural religion originate in, and emanate from, the primitive constitution of the mental powers themselves. Innumerable observations have proved, that faculties and organs of Benevolence, Hope, Veneration, Justice,

and Reflection exist. Now, our believing that the mind will die with the body will not pluck these sentiments and powers from the soul; nor will our believing the mind to be immortal implant a single one more of them in our constitution. They would all remain the same in functions and constitution, and render virtue amiable and vice odious, although we should believe the mind to be made of dust, just as they would do were we to believe the mind to be a more immediate emanation from the Deity himself.

"In short, therefore, this question of materialism is one of the most vain, trivial, and uninteresting, that ever engaged the human intellect; and nothing can be more unphilosophical, and more truly detrimental to the interests of morality and religion, than the unfounded clamour, or cant shall I call it, which has been poured forth from the periodical journals about the dangers attending it. A manly intellect, instead of bowing before prejudice, would dissipate it by showing that the question is altogether an illusion; and that, adopt what opinion we will concerning the substance of the mind, every attribute belonging to it must remain unaltered and unimpeached.

"But not to stop in our investigation till we have reached the goal, we may inquire, whether it be possible to discover the substance of which the mind is composed, whether it be material or immaterial? Previous to doing so, however, we ought to endeavour to ascertain what means we possess of arriving at a knowledge of the essence of the mind. All our knowledge must be derived either from consciousness or observation. Now, by re-

flecting on what we feel, we discover nothing concerning the nature or essence of the thinking being. We do not feel a spiritual substance stirring about within us, and elaborating sentiment and thought; and neither do we feel a *material substance* producing these effects. We are conscious only of feelings and emotions, of friendships and attachments, of high conceptions and glorious thoughts;—but whether these originate from matter or spirit;—whether the first embryo substance of reflection dwelt lowly in the dust, or soared a pure ethereal essence amid the regions of boundless space, before it was constituted a part of us;—whether God, in creating man, was pleased to invest his material organs with the property of thought, or to infuse into him a portion of material fire;—on all these points consciousness gives us no information. A great deal of popular delusion, indeed, has been kept alive on this point, by the fact being overlooked, that we are not conscious of the operations of the brain. Men in general, because they are sensible only of thought and feeling, and not of the movements of any material organ performing these acts of the mind, imagine that it is necessarily an immaterial substance which is thinking and feeling within them; but they are equally unconscious of the contraction and relaxation of the muscles, and they might as well imagine that their arms and legs are moved, not by material organs, but by the direct impulse of spirit, as entertain the supposition in question. In short, the truly philosophical conclusion is, that, by means of consciousness, we are unable to discover of what substance the thinking principle is composed.

"Does observation, then, throw a stronger and steadier light upon this long-agitated question? The mental organs, while in health, and in the natural state in which their functions are most perfectly performed, are completely hid from inspection. No eye can penetrate the integuments of the head, and the tables of the skull, and the dura mater, and the pia mater, to obtain a view of the operations performed in the brain, while the thoughts run high, and the sentiments swell with emotion; and when external injury or disease removes these coverings, the mind does not then disport in all the vigour of its healthy action. Besides, even when all these external obstacles to inspection are removed, still it is only the surface of the convolutions which is perceived, and the soul may be enthroned in the long fibres which extend from the surface to the medulla oblongata, or thought may be elaborated there, and still evade detection. It will be said; however, that death will solve the question, and allow the whole secrets of the soul to be disclosed; but, alas! when the pulse has ceased to beat, and the lungs no longer play, the brain presents nothing to our contemplation but an inert mass, of a soft and fibrous texture, in which no thought can be discerned, and no sentiment can be perceived, and in which also no spirit or immaterial substance can be traced; so that from inspecting it even imagination receives no food for conjecture, as to the presence or absence of an immaterial guest, while life and health yet animated the folds.

"Observation, therefore, reveals as little in regard to the substance of the mind as does reflection or

consciousness; and as no other modes of arriving at certain knowledge are open to man, the solution of the question appears to be placed completely beyond his reach. In short, to use an observation of Dr. SPURZHEIM, Nature has given man faculties fitted to observe phenomena as they at present exist, and the relations subsisting between them, but has denied to him powers fitted to discover, as a matter of direct perception, either the beginning or the end, or the essence of any thing under the sun; and we may amuse our imaginations with conjectures, but will never arrive at truth, when we stray into these interdicted regions.

"The solution of this question, therefore, is not only unimportant, but it is impossible; and this leads me to observe, that no idea can be more erroneous than that which supposes the dignity and future destiny of man, as an immortal being, to depend, of necessity, on the substance of which he is made.

"Let us allow to the materialist, for the sake of argument, that the brain is the mind, and that medullary matter thinks,—what then? If in fact it does so, it must be the best possible substance for thinking, just because the CREATOR selected it for the purpose, and endowed it with this property. In this argument the religious constantly forget that the same omnipotent hand made the brain that created the mind and the universe itself, and that, in the dedication of every cerebral convolution to its objects, be they thinking or any other process, the divine wisdom is as certainly exercised, as in impressing motion on the planets, or infusing light and heat into the sun. If, therefore, *de facto*, God has made

the brain to think, we may rest assured that it is exquisitely and perfectly adapted for this purpose, and that His objects in creating man will not be defeated on account of His having chosen a *wrong substance* out of which to constitute the thinking principle. But what are His objects in creating man? This brings us to the jet of the question at once. Mr. LAWRENCE, it is said, founds no moral doctrine on his opinions regarding the essence of the mind; but other materialists, who make these opinions the foundation of atheism, wish us to believe that the best evidence of the Divine intention in creating the human soul, is to be found in discovering the *substance* of which it is made; and they insinuate, that if it is constituted of a very-refined and dignified material, the conclusion necessarily follows, that it is intended for magnificent destinies, while, if it is composed of a rude and vulgar stuff, it must be intended only to crawl on this filthy world. Here, however, sense and logic equally fail them; for no principle in philosophy is more certain than that *we cannot infer* from a knowledge of the mere substance of any thing for what ends it is fitted. Exhibit to a human being every variety of imaginable essence, and if you allow him to know no more of its properties than he can discover from examining its constituent parts, he will be utterly incapable of telling whether it is calculated to endure for a day or last to eternity. The materialist, therefore, is not entitled even from the supposed admission that medullary matter thinks, to conclude that the human being is not immortal and responsible. The true way of discovering for what

end man has been created, is to look to the *qualities* with which he has been endowed, trusting that the substance of which he is composed is perfectly suited to the objects of his creation. Now, when we inquire into the qualities, we find the thinking principle in him to differ, not only in *degree* but in *kind*, from that of the lower animals. The latter have no faculty of Justice, to indicate to them that the unrestrained manifestation of Destructiveness or Acquisitiveness is wrong; they have no sentiment of Veneration to prompt them to seek a God whom they may adore; they have no faculty of Hope, pointing out futurity as an object of ceaseless anxiety and contemplation, and leading them to desire a life beyond the grave; and, indeed, the convolutions of the brain, which in man form the organs of these sentiments, do not exist in the lower animals. Those organs also, which in man serve to manifest the faculties of Reflection, are, in the lower animals eminently deficient, and their understanding, in exact correspondence with this fact, is so limited as to be satisfied with little knowledge, and to be insensible to the comprehensive design and glories of creation. Man, then, being endowed with qualities which are denied to the lower creatures, we are entitled, by a legitimate exercise of *reflection*, the subject being beyond the region of the external senses, to conclude, on principles truly philosophic, that he is designed for another and a higher destiny than is to be allotted to them, whatever be the *essence* of his mind."

## FOREIGN DEPARTMENT.

## ANALYSIS OF FOREIGN MEDICAL JOURNALS.

## ARCHIVES GENERALES.—JULY.

*Observations and Anatomico-pathological Observations on Hypertrophy of the Heart.* By M. J. BOUILLAUD.

It was only towards the beginning of the sixteenth century that anatomists collected the first facts which served to compose the history of the diseases of the heart. A short time after this, LANCISI, VALSALVA, and ALBRATINI, added valuable information to this important part of medical science. At last, the father of pathological anatomy, the illustrious MORGAGNI, devoted several letters of his immortal work to the study of the different lesions of the heart, and enriched science with numerous cases, which he accompanied with judicious observations. Nearly about the same time appeared the splendid work of SENAC on the structure and diseases of the heart. This treatise, which received the approbation of MORGAGNI, remained for a long time the most complete work on this subject. At the commencement of this century, however, M. CORVISART reconstructed, in some degree, the edifice which SENAC had raised; and, possessing the observations of his predecessors, in conjunction with his own experience, published his work on the diseases of the heart and the large vessels; a standard work, but one which at present does not contain all that is known respecting these affections, for none can be ignorant of the valuable information added to the

pathology of the heart by LAENNEC and BERTIN. Both these gentlemen have specified, in a precise manner, the different forms and kinds of the affection known by the vague and frequently improper term of aneurism of the heart, and have removed the difficulties which before their time enveloped the diagnosis of this complaint. M. BOUILLAUD, in this article, brings forward some facts in confirmation of what M. BERTIN was the first to show, viz. that thickening or hypertrophy of the heart may exist either in the natural, dilated, or contracted state of the cavities of this organ, and concludes with some general remarks on the disease itself. M. B. lays particular stress upon the difference which there is between hypertrophy of the heart and mechanical obstruction to the circulation, as the one frequently exists without the other. The most serious effect that is ever produced by hypertrophy of the left ventricle is congestion to a greater or less degree of the brain. It was in this way that MALPIGHI, RAMAZZINI, and CABANIS lost their lives, each being affected with this complaint of the heart. In the same manner does it happen that the most serious consequence of hypertrophy of the right ventricle is congestion of the lungs. The right ventricle, however, is less frequently affected with this complaint than the left, owing, as M. B. thinks, to the natural conformation of the left ventricle, and to its coming in contact with more irritating blood than the right does.

*Paper read in the name of M. DUPUYTREN, before the Royal*

*Academy of Medicine at Paris, by M. SANSON, on two cases of Extirpation of Fibrous Tumours.*

M. SANSON says, that he was charged by M. DUPUYTREN, to make known to the Academy two cases of tumour which required an operation. In the one case the operation was attended with the most complete success, in the other with an unexpected and fatal result. It was less on account of the successful case than the unsuccessful one that M. DUPUYTREN made this communication, feeling it, as every right-minded surgeon must, to be his duty candidly to state the unfortunate results, or the errors of his practice, in order that others may be prevented from running into similar mistakes. This kind of conduct, instead of detracting from M. DUPUYTREN's character as a surgeon, will raise him in the estimation of mankind; and it holds out a bright example for his professional brethren to follow, if ever placed under similar circumstances. The following case will be read with peculiar interest:

On the 19th of November, 1822, a young girl, called Alexandrine Poirier, remarkable for her strength and beauty, came to the Hotel Dieu for advice respecting a tumour which she had on the back part and side of the neck. It had only come on within the last six months, and without any assignable cause, but it had increased so much in size, that it extended from the mastoid process and the tuberosity of the occiput to the clavicle and spine of the scapula; and from before, backward, it reached from the posterior margin of the sterno-cleido-mastoideus to the middle line in the back part of

the neck. It was of a demi-oval shape, the anterior surface smooth and resting on the posterior muscles of the neck; its posterior surface convex, and covered by the skin, a small portion of the trapezius, by numerous filaments of nerves coming from the cervical plexus, a few arteries from the arteriæ cervicales superficiales et profundæ, and some veins, one of which was rather large, communicating with the external jugular. By its hardness, resistance, and want of sensibility, M. DUPUYTREN easily recognised that it was of a cellular-fibrous nature; and, convinced by the rapidity of its growth, and the certainty that, ere long, it would become worse, together with the success he had recently obtained, he proposed to the patient its removal without delay, to which she consented. She was prepared by a bath, and a light purgative, and on the 22d of November she descended into the amphitheatre, full of strength, courage, and hope. M. DUPUYTREN ordered her to sit on a chair, with the face turned backwards, and after again satisfying himself of the mobility of the tumour, as well as the number and importance of the parts which were to be divided, he commenced the operation by an incision directed from above downwards, and from behind forwards, thus making a crucial incision. The layers of cellular membrane, although adhering firmly to the fibrous body, were dissected off with considerable facility. Four or five minutes from the commencement of the operation, the tumour was raised by an assistant, who alternately moving it from one side to the other, nearly succeeded in detaching it from the surrounding

parts, and this greatly expedited the division of the cellular tissue by which it was united to the deep parts; the tumour only adhered to the anterior layer of its covering, and the patient, who had merely lost a very small quantity of blood, bore with great fortitude, and without much complaint, the pain attending so minute a dissection; when all of a sudden a continued whistling was heard, similar to that which is produced by the readmission of air into a vessel which has been emptied of it. The operator stopped a moment perfectly astounded. "*If I were not at some distance,*" said he, "*from the air tubes, I should be led to suppose that I had divided them.*" Scarcely had he uttered the expression, and made the last incision which separated the tumour, than the patient exclaimed, "*I am dead!*" She immediately leaned against the chair, and fell lifeless. Every possible means were employed to excite the action of the heart; M. DUPUYTREN himself inflated the lungs, but all without success, the vital spark was completely extinct. Too great an interest was excited to let much time elapse without making a careful examination of the body.

The operation had been made in the presence of a great number of students, and the post-mortem examination was also conducted in their presence twenty-four hours afterwards. The corpse was stiff, and there existed no trace of putrefaction. The circulatory apparatus was first examined. The pericardium was healthy; the right auricle was distended with the air, which gave it an elastic tension, and when an incision was made into it, air escaped in great abundance, with-

out any mixture of blood; there was a little blood in the auricle in a liquid state. The other cavities of the heart, the veins and arteries also, contained some coagulated blood and flatus. The chest, head, and abdomen, were carefully examined, but presented no marks of disease.

*Examination of the wound and the tumour.* The four flaps of the wound were raised, which gave us an opportunity of seeing that, with the exception of a few fibres of the trapezius, no muscle had been wounded. The muscles of the posterior part of the neck were exposed, no displacement of the cervical vertebrae could be observed; but, to be quite certain on this point, all the muscle was removed, and the integrity of the bones and ligaments connecting them ascertained beyond a doubt. The tumour was accurately measured, and found to be seven inches in length, five inches broad towards the large extremity, and three at the small end, and four inches in its greatest thickness; it weighed a pound and a half. When cut into, it presented all the characters of a fibro-cellular tumour.

In examining with attention the circumstances which attended the operation, and comparing them with the results of the post mortem inspection, it does not appear very difficult to resolve the question. Indeed, there are only a few well-known causes which can occasion the death of a patient during an operation. These are, 1. Considerable hemorrhage. 11. An excessive and long continued pain which exhausts and destroys the action of the nervous system. 111. Great emotion caused by extreme pusillanimity. iv. The lesion of some one organ important

to life. v. The existence of some intermitting nervous affection, of an asthma, &c. vi. Disease advanced in an important internal organ, and which having remained undiscovered, and destroyed the strength gradually, rendered the patient incapable of sustaining any violent shock. vii. Lastly, the introduction of air into the veins. To neither of the first six causes can the unfortunate result of this operation be attributed. There remains, then, but the seventh to account for this extraordinary phenomenon, the introduction of air into the veins, and this circumstance is proved by the whistling noise heard during the operation, and the presence of the elastic fluid in the heart and greater part of the blood-vessels. The mechanism by which this took place is easily explained. A vein of rather a large size, crossing the tumour, and communicating with the jugular, was necessarily opened, and it remained with the orifice open; a vacuum must have been made when the tumour was pulled forwards, and the blood which the vessel contained was returned to the chest, and thus the admission of the air was allowed which produced the whistling noise that was so distinctly heard. As for the manner in which air introduced into the veins occasions death, it was for a long time believed that air has on the brain a peculiar sedative effect, and that a few bubbles are sufficient to kill the strongest animal; but modern physiologists know very well that it requires a considerable quantity, and even then that it must be quickly introduced to effect this result, and that it is in its rarefaction in the cavities of the heart, which it distends,

and whose contractions it prevents, that it produces syncope and death: post mortem inspections in this respect accord with experimental physiology. Such was, there cannot be the least doubt, the cause of this girl's death.

Since this fact came before the notice of M. DUPUYTREN, he has learnt that similar cases have been observed by some experienced practitioners at EDINBURGH,\* BERLIN, and PARIS. But as these gentlemen have been silent on the subject, he does not feel himself authorised to publish the facts which they have observed. If these facts should ever be published, they will form one of the subjects most deserving of the serious consideration of the faculty and the academy which is destined to foster and direct its advancement.

#### *To the Editor of THE LANCET.*

SIR,—It was with much pleasure that I read two letters in your publication of the 17th and 31st of the last month, relative to the inattention shown by the surgeons of St. Thomas's Hospital to the students attending there: inattention so long continued, and so frequently the subject of animadversion and dissatisfaction among the students themselves, that I am surprised that public notice has not been taken of it at an earlier period.

The fame which St. Thomas's and Guy's Hospitals have acquired is not unknown to the officers of these establishments, and to this circumstance, it may be feared, is

\* If this be correct, we trust that the example set by M. DUPUYTREN will induce them to be silent no longer.  
—*REV. L.*



to be attributal, in some degree, the neglect complained of, and which has now become so glaringly manifest.

Be this as it may, every consideration demands that it be rectified as speedily as possible, and that conduct so unworthy of surgeons and teachers be superseded by a behaviour more congenial and better adapted to advance the improvement of the pupil. The interest of the parent calls loudly for this, who is at an enormous expense in enabling his son to prosecute his studies there, and is blindly led to believe, that every facility is afforded of doing it with advantage; the interest of the son, who gives his attendance for the purpose of gaining information; but which he has the mortification of finding, when too late, to be extremely superficial and partial; and lastly, the interest of the public, on whom, in after time, this flimsy knowledge is to make its dangerous experiments.

What are the opportunities which the student possesses there of becoming acquainted with the character and treatment of disease? why, I know of none, and I speak candidly, except it be the privilege of running up and down, from ward to ward, after the surgeon, and hearing, or rather seeing, him whisper to one or two gentlemen at his elbow, who are generally his own dressers or acquaintances, and who rudely push their way through the other students, to get to that situation. The majority of the pupils may look and stare, as long as they please, but all to no purpose. If it be endeavoured to make up for this, by having recourse to the Hospital books; in order, as one of your correspondents expresses it, "to catch

what he can," he is still disappointed; for there he does not find the slightest clue to direct him in forming an opinion, as to the nature of any cases on which he wishes for information, no name of the disease, and no report of any kind. Prescriptions only meet the eye, and these are in writing so obscure, that not unfrequently all attempts to unravel them prove unavailing. One is apt to think, on looking at them, that there was some prize at stake, for which the surgeons were contending, and which was to be awarded to that competitor who wrote worst. In short, there is such mystery pervading the whole that it is impossible for a student to reap any benefit from attending that institution.

When Sir ASTLEY COOPER goes round the wards of Guy's Hospital, he directs the attention of the pupils to any case of interest that presents itself to his notice, and in a voice so audible as to be distinctly heard by every one of them. Thus he fulfils the engagement into which he enters the moment the fee of the student is received. This honourable conduct on his part is fully appreciated, and hence it is, as well as from his eminent abilities, that his visits are so much desired and longed for. But, Mr. Editor, is not the same duty imperative on the other surgeons? Do they not receive the pupils' money as well as Sir A. COOPER? they do, and therefore are equally bound to make a suitable return, which they cannot be said to have hitherto done. If any thing more than another be calculated to act as a reproof to these gentlemen, it is this open, fair, and honourable behaviour of Sir A. COOPER.

You have done much, Mr. Editor, towards putting down some of the abuses connected with this hospital; and I trust you will yet do more. There is a wide field before you, and your labours can scarcely be more advantageously or fitly employed than in clearing it of its weeds. —Go on in the work, and you shall earn the gratitude of every impartial and honest man, and greatly befriend,

Sir, Your obedient Servant,

R.

August 13, 1824.

*To the Editor of THE LANCET.*

SIR,—Since the writer of the letter on Mr. Alexander's plurality of offices, which appeared in your last number, seems neither to have been a patient or subscriber to the Cork-street Eye Infirmary, I do not see what business he has to meddle in the matter. None but those who have groped their way out of that valuable Institution have any reason to complain of the manner in which it is conducted; and the right is only vested in persons who are quite satisfied with having provided a place where a select few may be tortured daily, and others (not so well recommended,) at least three times a week, a period of punishment hardly frequent enough for such ungrateful wretches, the majority of whom would be exceedingly glad to see its best patrons hung. But now for the allegations against Mr. Alexander, which, as your correspondent observes, "as they remain unrefuted we must infer are true." Methinks I hear that gentleman blessing God that it is so. He is accused of being at

once Oculist, Secretary, and Reporter;—well, is *this all*? (I am satisfied your correspondent has never been a patient in the Cork-street Infirmary.) Why, one would have thought from the outcry raised against him that he had pocketed the revenues and turned all the patients out of doors; this is nothing to what some folks do in public institutions. There was a noble lord lately, into whose hands the management of a charity school happened to fall, and he very fairly sent all the children home, pensioned the schoolmaster, and made the property an integral part of his own domain in half the time; whereas Mr. Alexander has only, from an incorrect conception of his own talents, or a too nice calculation of possibilities, taken care to prevent certain offices being filled by persons less qualified than himself.

Your correspondent talks of the public at large and of the Profession, as expecting to derive advantage from a knowledge of Mr. Alexander's practice. Now, this is a gross misrepresentation of the state of public opinion. I am persuaded there is no one in the United Kingdom who ever entertained any such expectation. It is his practice to make patients wait a long while before they are attended to. It is his practice to treat them very carelessly and severely when they are attended. Now, I should like to know what good could attend the publication of this mode of treatment, which has nothing peculiarly instructive in it, or the results of experiments made chiefly on the patience of the sufferers. The only thing I should expect to see, if your correspondent continues irritating him, "to bring forth some fruits of his genius and industry," would be,

in addition to his annual bundle of papers, "A Treatise on the Art of Ingeniously Tormenting." Besides, even your correspondent, much as he seems to provoke it, cannot give any just reasons for his desire to have Mr. Alexander's mode of practice published; as I shall prove by a short cross-examination in his own words.--Do you think it "would enlarge the boundaries of Ophthalmic Surgery"?--No. Do you think such a work necessary, "to enable his brethren to measure the height and depth of his professional acquirements"?--No. Do you think him such a fool as "to enable them to judge whether he has profitably fulfilled the duties of his stewardship"?--No. Then, why call upon a man, who you seem to think has already more than he can do, to waste time on a work likely to be attended with very little profit either to himself or his readers.

Another grave complaint is made against my friend, that, "by this monopoly, he has virtually made himself judge and jury in his own case;" but I shall not dwell on this charge, because your correspondent is evidently grieved only because he has found him "too good a judge;" and beside, if the patrons of this institution could judge so carelessly as to appoint Mr. ALEXANDER, no one will regret that the power has been taken out of their hands,—though not for fear of worse consequences.

Finally, a great deal has been said about "the egregious abuses that have prevailed in this infirmary, alike revolting to science and humanity." Now it appears to me, that your correspondent, in his haste to produce something against Mr. ALEXANDER, has sadly confused

and mistaken the matter: he has lost himself in his zeal; which, as it is in the cause of humanity and for the public welfare, I do not wonder to find very great. But as it would most probably take a greater length of your columns to convince your correspondent of his error than you can conveniently spare, I shall quit the subject for the present. I am, Sir,

Your most obedient Servant,  
THE OLD BLIND BEGGAR  
OF BETHNAL GREEN.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

*The continuation of the case of Aneurism of the Abdominal Aorta, from No. 4, Vol. iv.*

In our last notice of this man we mentioned that he was, at the suggestion of Sir ASTLEY COOPER, ordered to take the subcarbonate of soda. This he has taken for more than a month, in doses of half a drachm, in mint-water, four times in the day, without appearing materially to disagree with him, until within the last fortnight, when it produced sickness and purging, and was then desired by the dresser to be left off. It produced no diminution in the force of the pulsation of the tumour, nor any alteration in the frequency of the pulse. We should feel happy to observe any remedy exert a beneficial influence on such an alarming and terrible disease; but we consider that the impression necessary to be made on the circulating system, in order to check the progress of so

ing mercury, using the sarsaparilla also at the same time, to lessen the irritability. Beginning with  $\frac{1}{16}$  of a grain, and gradually increasing it to  $\frac{1}{4}$  three times in the day. The object in this case is not to affect the mouth severely, but you bring the system gradually under the influence of the mercury; and as long as you find the patient continue to improve under the treatment, you must pursue it.

I shall now speak of the secondary symptoms of syphilis; and these most usually appear in the throat, skin, and periosteum. When syphilis attacks

#### *The Soft Palate,*

you must arrest the progress of the disease as soon as you can, as it would otherwise destroy the palate and the voice, and cause exfoliations of the palate bones.

When there is much irritability, I generally give calomel and small doses of opium, or if there is great increase in the heat of the skin, and the secretions appear to be locked up, then give pil. plummeri with hyoscyamus or conium. Prevent the occurrence of debility, if you possibly can, as the sloughing process easily follows; therefore during the exhibition of mercury, where you may expect debility, you must afford your patient a nutritious, but at the same time not a stimulating, diet. *Sloughing* of the ulcers of the soft palate may arise from debility, or on the other hand, from an excess of action: if from debility, the treatment I have just mentioned must be pursued; if from too much action, act upon the bowels by purgatives and take blood by cupping behind the mastoid process, which will very much diminish the local action. The

local applications usually made are in the form of gargles, but when there is a disposition to slough much any application can be better used by the syringe than as a gargle. The parts should be cleaned well from the mucus which collects about them with a probe, to the end of which a small bit of lint must be attached. The best injections are those made with the nitrate of silver, the oxymuriate of mercury, or the nitric acid diluted. The nitromuriatic acid has been recommended, but it has no superiority to the common nitric acid. It has been extensively used in this Hospital, but there appeared nothing in it to confirm the preference which had been shown it.

The next affection I shall speak of is that

#### *Of the Palate Bones;*

and this occurs by the extension of the disease from the soft palate, or from inflammation of their own membrane, as happens also in the bones of the nose. The membrane ulcerates, a sore is formed, the bone becomes exposed, and exfoliation is the consequence of this exposure.

When the bone is exposed, it is easily detected by the fetid nature of the discharge, and by the horrid fetor it gives to the breath of the patient; it is the worst smell that I know, especially if mercury has been taken. The treatment here will be just the same as in the ulceration of the soft palate, merely, attend to the general health, allay the irritability of the parts, use the acid gargles, which very much correct the fetor of the discharge, and quicken the exfoliation. There is a boy, whom you have seen to-day, who has this affection of the palate;

he is of a very scrofulous habit, and, I believe, that he is suffering from the mercurial disease, and not from syphilis. He never had any proper symptom of syphilis, and this shows, that, in strumous habits, mercury will produce symptoms resembling those of syphilis. I have my doubts whether syphilis would ever affect these bones if mercury had not been given. On this subject I shall have to say more presently, when speaking of Mr. Rose and the non-mercurial treatment.

An instrument has been made by Mr. WEISS, to supply the deficiency of the palate bones, which very much removes the nasal sound of the voice; and it may be here proper to mention that operations for the same purpose have been performed by ROUX, BRODIE, and ALCOCK.

#### *Of the Affection of the Larynx.*

There is a chronic form of ulceration of the larynx, in which exfoliation of the cartilages takes place just in the same way as in the bones of the palate. There was a case in Lydia ward some time ago, in which Mr. TRAVERS, in my absence, was obliged to divide the trachea, in order to rescue the patient from suffocation. And immediately after the operation I affected the mouth with calomel, and combined it at the same time with opium. The symptoms subsided, the wound healed, and she did perfectly well.

In cases where the operation becomes necessary, the incision should not be made into the larynx, between the thyroid and cricoid cartilages, as is usually recommended, but between two of the upper rings of the trachea: and the mode of doing this is, first, to make a small

incision upon the median line of the trachea, just below the cricoid cartilage; wait a little to see that the hemorrhage is stopped, and then introduce the knife between two of the rings of the trachea, and if you find this opening is not sufficient you may remove a portion of the rings with a scissors. I have performed this operation frequently in croup, without danger from hemorrhage, by attending to this circumstance.

In the Medico Chirurgical Transactions, there are many valuable cases of inflammation of the larynx, which have been cured by the mercurial treatment. But I do not mean to say that these were all syphilitic.

*Of Affections of the Nose in secondary symptoms.* The first symptom complained of is a dryness of the nostril, then it becomes painful, and there is a thickening of the membrane, this is succeeded by a discharge, which is at first thick like that from the throat, then it is mixed with blood, and becomes more copious and very fetid; it is in fact a purulent secretion, mixed with red particles of the blood, and whenever you find this you may be sure that exfoliation more or less will take place. At the same time that syphilis is attacking these parts, it is usually accompanied by an inflammation of the periosteum of the bones of the head, and of the tibia. Different parts of the nose are the seat of this disease, sometimes the osseous nasi, sometimes the septum and the turbinated bones; and here also the ravages made on the different structures of the nose do not appear to be always syphilitic. There is a young woman now in Mary's ward who had a strumous

discharge from the vagina, and of whom I have before had occasion to speak. This girl took mercury from some person, under the supposition of the discharge being syphilitic, but the membrane of the bones of the nose became inflamed, and the bones themselves have exfoliated. Here I shall take the opportunity of mentioning a remedy which I frequently employ, and this is a *decoction of tormentilla*, made in the proportion of ʒj. to lbss. of water boiled down to lbj. This cured the discharge in the present instance, and in many others in which I have had occasion to employ it. I have also used it with advantage in sloughing sores; and in the cases like that which I have just mentioned, of strumous discharge from the vagina, I have found it a specific. When there is diseased bone, with other secondary symptoms, you must be very careful how you introduce mercury, as otherwise you would only increase the disease. You must attend to the general health, and give small doses of the oxymuriate. Similar affections are occurring on the tibia and fibula. The membrane enveloping the bone is here also first attacked. There is a dull pain in the part, which is intermittent, being more severe at night, and there is great tenderness to the touch. Indeed, the patient is sometimes quite free from pain during the day time: afterwards there is a thickening perceived, forming what is termed a node; the pains become lancinating and more severe, the skin looks red, the ulcerative process takes place, and the matter is discharged.

It appears that, during the adhesive stage, mercury has the effect of removing the disease, by causing

an absorption of the fluid already deposited. As in the case of bubo, a blister applied to the part, which is not to be kept open but repeated, will cause the absorption of the tumour; opiates are at the same time necessary, to afford the patient a proper degree of rest. Endeavour to allay the irritation of the system whenever you are giving mercury. When matter has formed, and that matter is small in quantity, and although there may be a redness of the skin, I should say do not make an incision into it; if you do, the bone becomes exposed, and will ultimately exfoliate. I have seen many cases do extremely well without letting out the matter. About a year since I was consulted by a gentleman who had ten or twelve of these little nodes: one, on the os frontis, possessed a distinct fluctuation, and there was also a little redness of the skin. I put him on small doses of the oxymuriate, with decoction of sarsaparilla and hyoscyamus, and during this treatment the tumour became absorbed. I have also seen this treatment successful where matter had formed in a node on the skin. If, however, ulceration has taken place, use nitric acid diluted, which will assist the exfoliation, and correct the fetid nature of the discharge. I shall next speak

*Of secondary symptoms on the Skin;* and here they present as many varieties as I have before described when speaking of the sores of the penis. Indeed, they present such a diversity of appearance, that you will scarcely ever see two exactly alike; they may have the generic character, but further than this it is difficult to describe their variations. They make their ap-

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

### LECTURE 72.

#### *On Dislocations of the Thigh Bone.*

GENTLEMEN,

It is exceedingly curious and interesting, both to the physiologist and to the surgeon, to observe the efforts set up by nature for the restoration of lost or injured parts. And in no instance is this more conspicuous, than in dislocations of the thigh bone which have remained long unreduced. Here, gentlemen, are some beautiful specimens (referring to what were on the table), in which you may see the accommodation of the head of the bone to the surfaces with which it has been brought into contact;—here are new capsular ligaments, produced from condensations of cellular tissue;—here are new acetabula, formed by the pressure of the heads of the bones, causing a partial absorption of the bones on which they rest;—and here, gentlemen, is the deposit of

matter in the surrounding parts, resembling cartilage. In this preparation particularly, which is a dislocation into the foramen ovale, you see the obturator externus completely absorbed, as well as the ligament of the foramen ovale, and its place occupied by a deposit of ossific matter. Bone is also deposited around the foramen, so as to form a deep socket, in which the head of the thigh bone is enclosed, and surrounding its neck so closely that you could not remove the bone without breaking the edges of its new socket; this is extremely smooth on its inner surface, and allows of very extensive motion of the joint, which appeared to be limited only by the action of the muscles. The cartilage on the head of the bone remained, and the shape of the head itself very little altered; whilst the original acetabulum was nearly half filled by bone, so that it could not have received the head of the thigh bone, even if it had been attempted to be returned into its former situation. These preparations show the extreme folly of attempting a reduc-

tion after a certain time has been allowed to elapse; and they also show, that it is better to leave such cases to the degree of reparation which nature will ultimately produce.

I shall next speak of the *dislocation backwards*, or into the *ischiatric notch*.

The situation of this notch, with respect to the acetabulum in the natural position of the pelvis, you should accurately bear in mind, recollecting that it is placed behind the acetabulum, but at the same time above its level. And it strikes me, that it is the want of attention to this circumstance that has led some surgeons to describe this dislocation as having occurred downwards and backwards; they have done this from viewing the os innominatum detached from the trunk, and not considered its obliquity when connected with it. When the head of the bone, therefore, is thrown into this space, it is placed backwards and upwards with respect to the acetabulum; therefore, although I call it the *dislocation backwards*, you must remember that it is also placed a little upwards.

The head of the bone is placed on the pyriformis muscle, between the edge of the upper part of the notch and the sacrosciatic liga-

ments. Of all the dislocations of the thigh this is the most difficult to detect, because the length of the limb differs but little, and its position is not so much changed, as respects the knee and foot, as in the dislocation upwards. It is also the most difficult to reduce, because the head of the bone is placed deep behind the acetabulum, and requires to be lifted over its edge, as well as to be drawn towards it. This dislocation may be known by the following signs.—The limb is from half an inch to an inch shorter than the other, but usually not more than half an inch, and the toe rests against the ball of the great toe of the opposite foot. The natural prominence formed by the trochanter major is lost, but it still remains nearly at right angles with the dorsum, but it has a slight inclination towards the acetabulum. Except in very thin persons, you cannot feel the head of the bone, and then only by rolling it a little forwards. The knee and foot are turned inwards, but less so than in the dislocation upwards; the knee is only very slightly bent, and therefore is not so much advanced as in that dislocation. The toe touches the ground when the patient is standing, but not so the heel. Flexion and rotation are to a great degree prevented.



limb being so firmly fixed. Here (*showing a preparation*) is a very good specimen of this dislocation, which, from its appearance, must have been many years in its present situation. A new capsular ligament is formed, the original acetabulum is entirely filled up by a ligamentous substance; but there is no attempt made to form a new bony socket for the head of the bone.

This dislocation is produced by the knee being pressed inwards, whilst bent at right angles with the abdomen, or whilst the trunk is bent forward on the thigh. The reduction is generally extremely difficult, but is best effected in the following way:—let the patient be laid on a table, on his side, and a girt passed between the pudendum and inner part of the thigh, to fix the pelvis; then pass a wetted rolled round the knee, and buckle the leather strap over it; let a napkin be carried under the upper part of the thigh; next bring the thigh over the middle of the opposite one, and then begin to make your extension with the pulleys. Whilst the extension is making, an assistant should grasp firmly the napkin at the upper part of the thigh with one hand, and, resting the other hand on the pelvis, he should lift the thigh as high as possible towards the head, and, as he does so, the hand

of the bone over its edge. I have also directed a round towel to be used for this purpose; this is passed beneath the upper part of the thigh, and then carried over the shoulders of an assistant, who then rested both hands on the pelvis, and by raising his body gently, raised the thigh with it. If the assistant should be very short, (said the Lecturer, smilingly,) why he might rest one foot on a chair and place the other on the pelvis of the patient, and might in this way perhaps raise the bone as effectually as a descendant of the race of the Titans (*a laugh*). This dislocation has been reduced by making extension with the pulleys in a right line with the body, and at the time this extension was made, the trochanter major was thrust forwards with the hand. But the former method is the most easy, and is that which I generally adopt.

*Of the dislocation on the pubes.* This accident happens in the following manner. If a person, while walking, puts his foot into some unexpected hollow, he throws his body suddenly backwards to preserve his equilibrium, and the head of the bone starts forwards on the pubes. It is much more readily detected than any other dislocation of the thigh. The principal marks are these:—the limb is an inch

shorter than the other, and the knee and foot are turned outwards, and cannot be rotated inwards; but the most striking mark of the dislocation is, that the head of the thigh bone may be felt upon the pubes, above the level of Poupart's ligament, to the outer side of the femoral artery, and feels like a hard ball there, which will readily move on rotating or bending the thigh. Easy as this dislocation is to detect, I have known three cases in which it had been overlooked until it was too late. This could only arise from great carelessness, and that man really deserves the appellation of a blockhead, who, in the present day, would allow such an occurrence to take place.

This accident need never to be mistaken for a fracture of the neck of the thigh bone, as the head of the bone on the pubes will point out, to the most superficial observer, the nature of the accident. To reduce this dislocation, you place the patient on a table, on his side; then carry a girt between the pudendum and the inner part of the thigh, and fix it in a staple, a little before the line of the body. The roller is to be passed around the thigh, and the pulleys fixed as in the dislocation upwards, and the extension is to be made in a line behind the axis of the body, the

thigh bone being drawn backwards. After this extension has been continued some time, pass a napkin under the upper part of the thigh, whilst an assistant, resting one hand on the pelvis, lifts the head of the bone over the pubes and edge of the acetabulum.

From what I have had an opportunity of observing on the subject of dislocations, I think that the relative proportion of cases will be as follows: Now, if I take the number as twenty, there will be *twelve* on the dorsum ilii, *five* in the ischiatic notch, *two* in the foramen ovale, and one on the pubes. From the frequency of the occurrence of these accidents, it is astonishing that they should have escaped the observations of surgeons of former times, and these too of some eminence in the profession. Is it not gratifying, on the other hand, to contrast the present state of information in the profession with what it was about fifty years ago? What should we think of a surgeon in this metropolis, with all the opportunities of seeing disease in the large hospitals of this city, who doubted the existence of a dislocation of the thigh, when we find that surgeons in the country are able immediately to detect these injuries, and generally succeed in reducing them.

never forget, however, that it is to the knowledge of anatomy that we are indebted for this superiority, to the study of which we cannot devote too much attention, and to acquire an intimate knowledge of which we should consider no sacrifice too great, if we wish to establish our reputation as surgeons, or humanely to discharge our duties to mankind. (*Repeated and long continued applause.*)

Before I proceed to describe the other dislocations, I shall speak of the *Fractures which happen at the upper part of the Thigh bone.*

It is not only necessary accurately to distinguish these accidents from dislocations, with which they might be confounded, but also from each other. Three distinct species of fracture, very different in their nature and result have been described under the indiscriminate name of Fracture through the neck of the thigh bone. It is my wish to draw deductions from facts, differences of opinion avail nothing in the advancement of science unless we can appeal to facts for their support. What I shall say to you on this point will be the result of my observations on persons who have been the subjects of these accidents, of numerous examinations of the dead body, and of my experiments on the lower order of

animals. These accidents are much more frequent than dislocations, for whilst on an average we have only two dislocations in the year, our wards are seldom without an example of fracture of the upper part of the thigh bone. These *fractures* are *three* in number: *First*, where it happens through the neck of the bone entirely within the capsular ligament. *Secondly*, through the neck at its junction with the trochanter major, by which the trochanter is split, and the upper piece is driven into it. *Thirdly*, a fracture through the trochanter major beyond its junction with the cervix.

*Of Fracture within the ligament.* The leg becomes from one to two inches shorter than the other, for the connection between the cervix and trochanter being destroyed, the trochanter is drawn up by the muscles as far as the ligament will permit, and it rests on the edge of the acetabulum and on the ilium. You can detect the difference in length best, by desiring the patient to lie down on his back, and by observing the two malleoli you will readily detect it. The heel generally rests in the hollow between the malleolus internus and tendo-Achillis of the opposite leg, although there is some variety in this respect. The retraction is at first easily re-

moved by drawing down the limb, and you may make it appear of the same length as the other, but immediately on removing your extension the muscles will draw it into its former position, and this will be the case as often as you like to repeat the experiment. This you can do until the muscles acquire a fixed contraction, which enables them to resist an extension that is not of a powerful kind. The next circumstance which marks this injury, is the eversion of the foot and knee; this is caused by the power of the external rotatory muscles which are inserted into the thigh bone, and which are opposed but by feeble antagonists.

On the first sight of a patient, then, there are two things that will particularly strike your attention, the shortening of the injured limb, with an eversion of the foot and knee. In the dislocation upwards, the head and neck of the bone prevent the trochanter from being drawn backwards, whilst the neck of the bone, being shortened by the fracture, readily admits of it, and this is the reason why the limb is inverted in the one and everted in the other. The limb has been found inverted, but it is a very rare occurrence. Some hours must elapse before this eversion becomes decisive in its character, as the muscles

require some time to contract firmly, and this is the reason why it has been mistaken for a dislocation upwards. In this fracture, the patient suffers but little pain when at rest in the recumbent posture. But on rotation a pain is felt, from the rough end of the bone grating against the synovial membranes lining the capsular ligament. The thigh may be perfectly extended but flexion is more difficult and attended with pain; this is increased if the thigh be directed toward the pubes and lessened, if carried outwards. If you should have any doubt now remaining as to the nature of the accident, let the patient stand by the side of his bed, supported by an assistant, and you will have all the appearances which I have before named present, and if he attempt to bear on the injured limb it will produce much pain, which is occasioned by the psoas magnus and iliacus internus being put on the stretch, as well as by the pressure of the roughened surface of the bone on the inner part of the capsular ligament. A crepitus is also discoverable when the limb is drawn down so as to be of the same length as the opposite one, and then rotated, but not so when the patient is lying on his back with the limb shortened. It occurs more frequently in women than in men.

pearance in the form of *tubercles*, *blotches*, or *pustules*. The tubercles are found more generally on the scalp, breast, and arms than on the legs and back. At first there is a slight discolouration, with a little irritation of the part, then it becomes darker, and surrounded by a margin of a coppery appearance, the cuticle separates in a little scurf, and then it becomes scabby: as this crust goes off a new one forms, and thus the circumference of the sore gradually increases. The *blotches* appear on almost any part of the body, they are of a dull red, a little elevated above the level of the surrounding skin, and have a dark coloured margin; sometimes the cuticle separates by very minute vesication, and the brassy appearance of the skin is produced.

The *pustular* form of the eruption is more rare; it appears, just as any other pustular pimple, with the exception of the dark coloured halo, and soon degenerates into a foul, ill-conditioned ulcer. The treatment required for this form of the disease will be just the same as that which I have just described for secondary symptoms in other parts. I shall now make a few observations on the *non-mercurial* treatment of syphilis. My opinion on the subject is this, that where we possess a remedy found to be certain in the removal of any disease, we should consider it our duty to use it. And, I think, before we try these experiments on others, we should ask ourselves, would we place ourselves under the same plan of treatment? There is a great credit due to Mr. Snow for his investigations. But he found that those patients whom he had treated by depletion after-

wards had secondary symptoms, although the primary ones were perfectly disposed of, in the proportion of one to three. The principal objection that has been urged against the mercurial treatment is, the readiness with which the periosteum of the bones of the nose and face become affected. But where mercury is judiciously administered, this is never the case, and therefore the abuse of any remedy can form no fair argument against its administration. The rules which I have before pointed out for the exhibition of it in irritable habits will apply here in a general way. Alay the irritability of the system by sedatives at the time you are giving the mercury, and watch the progress of inflammation in any part that may be attacked by it; and, at the same time, preserve the general health by a nutritious diet, and avoid exposure to wet and cold.

## WESTMINSTER HOSPITAL.

August 21st. — Mr. WHITE operated this morning for hydrocele, upon a man aged about thirty years. The patient stated that the disease first appeared after what he called a sprain in the parts, occasioned by lifting a heavy burthen; two years ago; the operation he had had performed six weeks since, but without effecting a cure. Mr. WHITE introduced a trocar an inch from the raphe, on the left side, and about fourteen ounces of a clear serous fluid were evacuated; an injection of wine and water was then thrown in, and suffered to remain for five minutes. A small quantity of fluid was also observed

to be collected in the other side of the scrotum, which will probably be, at some future period, the subject of another operation.

When the tumour was injected, and the patient complained of the pain occasioned by that part of the operation, Mr. GUTHRIE observed, that he had frequently found, that, when at the time of the operation the pain was severe, the subsequent inflammation in the parts was but slight, and when there was but little pain, great inflammation was generally induced. He also stated that he had often returned the same fluid into the sac, which he had just before drawn from it, and invariably found that a sufficient degree of inflammation was excited to effect a cure, as well as if any other fluid were injected; and, therefore, that effect did not depend upon the quality of the injection, so much as upon the part being suddenly collapsed, distended, and collapsed again, by the operation. Mr. G. then said that he had known many instances, in which a high degree of inflammation had taken place after the operation for hydrocele, and the parts had become perfectly united, yet the disease had again returned; and in one case he had laid the scrotum completely open, and healed the wound by granulation, and yet the same occurrence had taken place.

John Sharp, aged 35, was last week admitted to this Hospital with a wound situated upon the fore part of the leg, between the tibia and fibula, and about three inches above the ankle; it was occasioned by the fall of a piece of wood upon the part.

The patient stated, that the wound was found to be only superficial, but a great difficulty was ex-

perienced in healing it; that for this purpose he had applied to the Hospital, and been admitted as we have said above, as an in-patient. Since his removal here his leg has been merely sprinkled with flour, and is now almost healed under this treatment; but as that has grown better, a pain has been felt in the chest, accompanied with palpitation of the heart, and a slight degree of difficulty of breathing. A blister was applied to the chest.

23d. The blister rose well, but no relief has been yet experienced.

25th. The pain in the chest and palpitation are this day very great; the breathing rather more difficult, and the pulse is 75 and small.

26th. Bowels open, the patient having taken a dose of the sulphate of magnesia. The pain and palpitation much the same as yesterday. Pulse 70, feeble and small. The leg nearly healed.

A strengthening plaster was applied to the chest.

*Rx* *Liq. Ammon. Acet.*

*Aq. Fontan. aa.*  $\zeta$ iv.

*Liq. Antimon. Tartarizat.*

$\zeta$ iss.

*Syrup. Simplex.*  $\zeta$ ss.—M.

*Capt. æger cochl. ij. ter in die.*

28th. The pain in the chest better. Bowels open. Pulse 70. The leg is not so well as on the 26th!

*Rx* *Pil. Hydrarg. Sub. C. gr. v.*  
*Omni nocte sumend.*

31st. The pain has almost gone, as is also the palpitation, but the leg is much worse, and the pulse still feeble; the bowels open.

Saturday, August 28th. Edward Pomer, aged 36, was this morning brought to this Hospital, with a fracture of the metatarsal bone of the two middle toes.

Mr. Guthrie, the assistant-surgeon to the hospital, having arrived, proceeded to examine the wound, and found that the metatarsal bone of the great toe had been so completely crushed, by the fall of a heavy stone upon it, that its removal was necessary. To effect this, he merely had to open the wound, and to dissect the fractured parts of the bone out, with a scalpel, no saw being used in the operation. In doing this, the anterior tibial artery was wounded, and secured by a ligature, but a considerable degree of bleeding was observed about the posterior tibial, but this ceased on the application of pressure, on dressing the wound, and rolling it up with a bandage.

About one hour after the operation, the bandages and dressings, were found to be considerably tinged with blood, although not enough to make the surgeons open them, and the patient complained of experiencing a considerable degree of pain. The pulse 80, and rather feeble.

29th. There has been a good deal of bleeding during this day and the last night. The foot is extremely painful. Bowels open. Pulse 80.

30th. No pain, warmth, or sensation in the foot whatever. The toes have assumed a gangrenous and livid appearance, and a small black vesicle has arisen upon the middle of the foot, just above the toes. There is a dull, heavy look in the eyes of the patient, having a delirious appearance, although he acts and talks collectedly. The pulse is quick, weak, and intermittent, and the whole of the symptoms are very unfavourable.

R. Carbonat. Potassæ ʒij.  
Aq. Fontan. ℥ss.

Tr. Opii. M. xl.  
Syr. Simplex. ʒij. M. Capiat  
ager. ʒj. c. Cochl. Succ. Limon.  
ita. quaque hora.

A warm poultice to be applied to the foot.

31st. The foot has, to-day, in some degree recovered its sensation, a touch being now felt, although otherwise quite free from pain. Pulse 96, quick, and stronger than yesterday. The wildness of look has also disappeared.

This operation was performed by the assistant-surgeon (Mr. GUTHRIE) before the surgeons met at the usual hour, (about half-past twelve o'clock,) and, in the absence of almost all the pupils, although it was half-past eleven before the patient was brought in. The operator doubtless had good reasons for this, but the pupils who were absent were not quite pleased that they were thus deprived of the sight of the operation, and the usual remarks of the surgeons, in such cases.

## ST. GEORGE'S HOSPITAL.

Friday, August 27. Mr. EWANK operated this morning for stone in the bladder.

The patient had laboured under the disease for several years, and was so great a sufferer by it, that he had the appearance of being at least ten years older than he really was (49).

Mr. EWANK chose the high operation, and having placed the patient upon a table, with the trunk of the body inclining backwards, he made an incision directly downwards, two inches and a half in

length, to within half an inch of the urethra, through the integuments: he then, by depressing the handle of a catheter, previously introduced into the bladder, was enabled to make a small hole into that viscus, without wounding the peritonæum, which, at this place, does not cover it; and afterwards slit up the neck of the bladder with a probe-pointed bistoury, guided by the finger. A considerable degree of difficulty was found in extracting the stone, and the wound in the bladder was obliged to be enlarged before it could be effected. The operation lasted, in the whole, nine minutes and a half.

### POISON AND THE NEW STOMACH-PUMP.

Mr. Robert Skellern, aged about twenty-six years, residing three miles and a half from town, and who had been long confined, and reduced to the lowest state of debility and emaciation, by a painful disease, had administered to him, through the mistake of the nurse-tender, on Sunday night last, at about ten p.m., one ounce and a half of the acetic tincture of opium. This mistake was no sooner discovered than the unfortunate patient, with agonised feelings, requested to be conveyed immediately to Dublin, in order to have the aid of his professional attendant Mr. Hewson, of No. 17, Broad-street. The patient reached town at twelve o'clock; at this time the poison was strongly manifesting itself on him. A solution of two grains of the sulphat of copper was administered, and attempts

were made to excite the action of vomiting by irritating the fauces with a quill and the finger. This, however, took place very imperfectly, so that only a mouthful or two were thrown up. The symptoms of the poison were every moment gaining ground. In half an hour another dose of the sulphat of copper was poured down his throat; for at this time he was nearly incapable of swallowing. This dose seemed to be productive of even less good effect than the first in causing an evacuation of the stomach, which seemed to have entirely lost all its contractile powers. The case now appeared to be altogether hopeless—all the vital powers were sinking to the lowest ebb—the extremities were cold—the pulse could not be felt at the wrist—the body was bedewed with a cold, clammy sweat—vision had failed—delirium had set in—and the countenance had collapsed and assumed a deadly paleness, so that to the bystanders he appeared at the point of expiring. Finding that the above-mentioned powerful emetic had totally failed, and as a perseverance in it would only tend to hasten the case to a fatal termination, Mr. Hewson now determined, as a last resource, on trying Mr. Juke's lately invented apparatus for extracting poisons from the stomach, which he had fortunately procured, and with a success equally fortunate and unexpected, the nauseous contents of the stomach were quickly withdrawn, and in the same proportion the patient began to revive. Mr. Hewson continued the process until the stomach appeared to be completely cleansed, and all other effects of the poison stopped themselves, except those that were the result of a small portion of it.



having been absorbed. These were also by suitable means subdued, and the patient is now in a more favourable state than before the accident.

The result of this case is most gratifying, but we are astonished that Mr. HEWSON should have so long risked the life of his patient by delaying to employ the pump; and it shows the imperative necessity which exists for every

medical practitioner keeping the stomach-pump in his possession; and should any one lose a patient from such omission, his conduct would be culpable in the extreme.

#### TO CORRESPONDENTS.

The letter of An Old Practitioner next week.

Nauticus—we cannot obtain them.  
Other Correspondents must stand over.

### ROYAL NATIONAL BATH COMPANY,

1, Lancaster Place, Waterloo Bridge.

CAPITAL £250,000.

*Directors.*—Sir Walter Stirling, Bart., Chairman, John Gosling, Esq., Deputy Chairman, Robert Child, Esq., Harry Cook, Esq., John Farquhar, Esq., Frederick Fincham, Esq., Joseph Moore, M. D., Sir F. M. Osmanney, M. P., William Rothery, Esq., Richard Sanderson, Esq., Charles Smith, M. D., W. G. Stirling, Esq.

*Bankers and Treasurers.*—Sir Walter Stirling, Bart., Stirling, and Hodsolls, Strand; and Messrs. Masterman, Peters, Mildred, Masterman, and Co., Nicholas Lane, Lombard Street.

*Architects.*—Messrs. Bantock, Geary, and Lower, Cornhill.

*Solicitor.*—George Abbott, Esq., Mark Lane.

Of the necessity which exists for the construction of Public Baths, there cannot be two opinions; whether it be considered as affording the means of indulging in a recreation so essential to health in a crowded neighbourhood, with a dense and smoky atmosphere; or as the means of removing a great public nuisance, as respects the indecent exposure of thousands daily, which banishes the inhabitants from the most salubrious spots around the metropolis; in either case, these objects cannot but meet with extensive public support. In submitting the conditions upon which a Joint Stock Company has been formed for this purpose, few observations are necessary.

Amongst the most serious evils which arise from the want of proper Baths, the numerous instances of drowning cannot be forgotten; the accidents which happen to bathers in the Thames, the Serpentine, and other rivers, from the inequality of the depth, &c., daily exhibit melancholy proofs of premature mortality, and involve whole families in grief:—these would be remedied by the formation of convenient Baths, under proper regulations; for where all the attendants will be professed swimmers, and the Baths of a known depth, a fatal accident will be next to an impossibility.

The Establishment of the National Baths can scarcely be deemed a speculation; unlike the building of Bridges, the excavation of Canals and Tunnels, or the making of Roads, which in their progress meet with innumerable unforeseen difficulties, this undertaking is merely mechanical, and is susceptible of calculation to the last fraction of expense;—this enables the projectors to demonstrate that the probable returns to Proprietors, for Capital invested, will be more efficient than those of the most promising undertakings. In calculating upon the patronage of all classes, it must not be forgotten, that what is loudly called for on all hands, as the means of gratifying the Public, and what is recommended

improvement of the Facility, as a regulator and preservative of health, cannot lose its Virtue by possession, or its efficacy by facility of attainment.

It is proposed to construct the Baths of all the chief Establishments upon a scale of magnificence which will do honour to the architecture of the country, and become splendid ornaments to the metropolis; to combine all the qualities of Hot, Cold, Salt, Shower, Vapour, Medicated, and Pleasure Bathing, with the additional gratifications of Reading-rooms, and other amusements.

Other Baths, suitable to the relative conditions of the inhabitants, will also be constructed in various parts of the city and suburbs, so that all ranks of the community will be enabled to enjoy the benefits of Bathing.

The Capital to be invested is 250,000*l.*, and this sum is to be raised in 50*l.* Shares; but a power is given to the Directors to increase the said Capital to 300,000*l.* If they hereafter think proper, the present Preference is to be preferred in the purchase thereof. Two pounds deposit in advance is to be paid upon each Share at the purchase thereof, and a further instalment of three pounds on signing the deed of settlement; two months' notice shall be given of the last day on which the said deed shall be open for signatures. Other calls will be made upon the Shareholders as the Directors may think necessary; but such calls shall not exceed five pounds per share at any one time, and two months' notice shall be given of every such call, and the instalments must be paid upon the Shares as they become due.

No person shall be allowed to hold, in his or her own right, more than Forty Shares.

The holders of five shares or upwards shall be entitled to attend general courts, and to give one vote on all business which may be legally brought forward; and the holders of fifteen shares shall be entitled to give two votes; and the holders of twenty-five shares, three votes; and the holder of forty shares, four votes.

No person is eligible to the office of Director or Auditor unless he hold, in his own right, ten shares.

Applications for the remaining shares must be made in writing, addressed to the Directors, at the Office of the Company, before the end of the present month: such applications will be considered of as soon as possible, and answers returned.

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In a few days will be published a New Edition of **HARDING'S SHORT-HAND**, with Corrections, and considerable Improvements. Price 3*s.* For character of this work see the Literary Chronicle, Imperial Magazine, Methodist Magazine, &c. &c. 1823, London, J. Butterworth & Son, Fleet-street, and Knight & Lacey, Paternoster-row.

Private tuition Two guineas. For cards of address please apply to the publisher of the above work.

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#### MEDICAL SCHOOL, ST. BARTHOLOMEW'S HOSPITAL.

The following Courses of Lectures will be commenced at this School on Friday, the 1st of October at 2 o'clock.

On the Theory and Practice of Medicine, by Dr. Hue.

On Anatomy and Physiology, by Mr. Abernethy.

On the Theory and Practice of Surgery, by Mr. Abernethy.

On Chemistry and Materia Medica, by Dr. Hue.

On Midwifery, by Dr. Gooch and Dr. Conquest.

Practical Anatomy with Demonstrations, by Mr. Stanley.

Further particulars may be obtained by application at the Anatomical Theatre of the Hospital.

# THE LANCET.

Vol. IV.—No. 11.] LONDON, SATURDAY, SEPT. 11, 1824. [Price 6s.

## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

### LECTURE 73.

#### *On Fractures of the Neck of the Thigh Bone.*

GENTLEMEN,

I shall now speak of the treatment of fractures of the neck of the thigh bone, within the capsular ligament. Numerous measures have been adopted for the purpose of producing an osseous union of this fracture, both by myself and others, but all to no purpose. Disappointed in the attempt, and finding the patient's health suffer from the necessary confinement, what I now direct to be done is, that a pillow be placed under the limb, throughout the whole length, and another be put under the knee, and the limb be in this way extended for ten days or a fortnight, until the inflammation has subsided. Then let the patient get out of bed, and sit on a high chair, so prevent the limb being too much bent, and the joint being stiff, and the

bearing gently at first on the foot, then increase the pressure more and more, until the ligament becomes thickened, and the power of the muscles increased. Next let him use a shoe with a high heel, which would very much diminish his lameness. The patients treated in this way, as you have an opportunity of observing, walk after a few days with crutches, then with a stick, and in a few months require no additional support. But in all cases in which the slightest doubt may be entertained, whether the fracture be within or without the capsule, it is much better to treat them as if they were external to the capsule, and which fractures will unite by bone. Of fractures external to the capsule, and when the neck of the bone is driven into the cancellated structure of the trochanter major, this accident is marked by the leg being from half to three quarters of an inch shorter than the other. The foot and toe are everted, much pain is felt at the hip and on the inner and upper part of the thigh, and the usual rotundity of the joint is lost. The

*first diagnostic mark* of this fracture is, that it happens in the young, and in persons under fifty years of age: although I have known it later. But if the symptoms which I have before described are seen at any age under fifty, it will generally be found to be a fracture external to the ligament, and is capable of union by ossific matter. Yet it must also be remembered, that this fracture may occur in more advanced age, and therefore requires care in the discrimination of the two. The *second* sign of this accident is, that it is usually the result of some very severe injury, as blows received on the part, from falling upon some projecting body, or from heavy carriages passing over the limb; whilst the fracture within the capsule occurs from any slight cause. It may be known, in the *third* place, by the crepitus which is produced by a slight motion of the limb; and it is not necessary, in this accident, to draw the leg down to feel the crepitus, as the retraction is not so great as in the former accident. There is also usually great extravasation into the surrounding parts, and this swelling is quickly followed by great tenderness to the touch. There is also violent pain produced upon slight motion of the joint, followed by a

high degree of constitutional irritation; and many months elapse before the patient recovers a proper use of the limb. The principle to be attended to in the treatment of this fracture is, the approximation of the bones by pressing the trochanter towards the acetabulum: at the same time preserving the length of the limb, by applying a roller around the foot of the injured leg, and binding it firmly to the sound one; thus making the sound limb afford support, and act as a splint to the fractured one. A broad leather strap should be buckled around the pelvis, and include the trochanter major; so as to press the fractured portions of the bone firmly together, and the best position in which you can place the limb is in a straight line with the body. I have also known cases do very well where the patient has been laid on his back on a mattress, and the thigh brought over the double inclined plane, which may be very easily made by three boards, one passing from the tuberosity of the ischium to the foot, and the two others, having a joint in the middle, by which you can increase the elevation of the angle as may be required; over these a pillow should be thrown. A long splint should be then placed on the outer side of the thigh, fastened

above with a strong strap around the pelvis, and secured below by another strap round the knee, so as to prevent the knee being moved from its position. This must be persevered in for several weeks, and the patient may then be allowed to rise from his bed, if the attempt does not give much pain. He must still however wear the strap around the pelvis; and he thus recovers, with a useful but shortened limb.

*Of Fractures through the Trochanter Major.*

Fractures through the trochanter major are generally oblique, and they may happen without any injury being at the same time done to the neck of the bone. They happen at any period of life, and are marked by the following symptoms: the leg is very little, and sometimes not at all, shortened; there is a numbness in the foot; the patient cannot turn in bed without assistance, and the attempt is productive of great pain. The trochanter is sometimes drawn forwards towards the ilium, sometimes it falls towards the tuberosity, but is generally widely separated from that portion of the bone remaining in connexion with the neck. The foot is greatly everted, and the patient cannot sit, as any

attempt to do so produces very great pain. You can feel a crepitus with great difficulty if the detached portion of the trochanter be either much fallen or much drawn forwards. This fracture unites very firmly, and the patient recovers a good use of the limb.

This accident then, it appears, may be easily known by the separation of the bone at the fractured part, so that the finger may be placed between the fractured portions; by the crepitus felt by putting the fingers on the trochanter when the knee is advanced; by the upper portion of the trochanter not following the motions of the lower, and of the shaft of the bone; and when at the lower part of the trochanter, by the great over-lapping, distension, and is followed by an excessive deposit of callus.

The treatment of this accident is much the same as that of the former one; you should pass a wide bandage round the pelvis, and keep the limb extended, and the patient in the horizontal position, in the way before pointed out. Sometimes the bone is fractured just beneath the trochanter, and the deformity produced by this accident is very great, which is caused by the upper end of the bone being drawn upwards by the action of the psoas magnus and iliacus internus; and

the proper way to treat it is by raising the thigh over an inclined plane, and elevating the trunk to about an angle of  $45^{\circ}$ . In this manner you bring the ends of the bone in apposition, but you should not attempt to depress the upper end of the bone, as it only increases the patient's sufferings to no purpose.

I shall next speak of dislocations of the *knee joint*; and first of

#### *Dislocations of the Patella.*

The patella may be dislocated in three directions,—outwards, inwards, and upwards.

The bone is most frequently thrown on the *external condyle*, and produces there a great projection; the patient is also unable to bend the knee, and these circumstances readily point out the nature of the injury. It is most frequently produced by a person falling with his knee turned inwards, and his foot at the same time turned outwards, and the action of the muscles in the attempt made to prevent the fall draws the patella over the external condyle of the femur. It generally happens in those persons who have naturally a little inclination of the knee inwards. The dislocation on the *internal condyle* is less frequent, and happens from a blow on the

outer side of the patella, received in a fall on some projecting body. To reduce either of these dislocations, you are to place the patient in the recumbent posture, and let the leg be raised by lifting it at the heel, by which you relax the extensor muscles of the thigh in the greatest possible degree; you then press on that edge of the bone which is furthest from the articulation, and this raises the inner edge of the bone over the condyle of the femur, and it is directly drawn into its proper position by the action of the muscles. Evaporating lotions of *spirit* and *water* are to be employed, and bandages afterwards applied, in two or three days.

In the *dislocation of the patella upwards*, the ligamentum patellæ is torn through, and the patella is drawn on the upper and fore part of the thigh bone. The marks of this accident are at once decisive, for besides the easy motion of the patella from side to side, a depression is felt above the tubercle of the tibia, from the laceration of the ligament. The patient loses the power of bearing on the limb, and a considerable degree of inflammation usually succeeds. You should, in the treatment of this case, apply leeches, and afterwards evaporating lotions, from four to

seven days, then apply a roller round the foot and leg, to prevent its swelling, and keep the leg extended by a splint behind the knee; then buckle a leather strap above the knee, and to this let another strap be fastened, which is to be passed under the foot, and buckled to the opposite side of the circular strap. The bone is in this way drawn down to the ruptured ligament, and a union consequently takes place. The patient should at the same time continue in the sitting posture, so as to relax the extensors of the leg which are inserted into the patella.

*Of Dislocations of the Tibia at the Knee Joint.*—These dislocations are four; two complete, and two incomplete. In the dislocation *inwards*, the tibia projects on the inner side of the joint, and the condyle of the femur rests on the external semilunar cartilage. The tibia is sometimes thrown on the *outer side* of the joint, the condyle of the femur being placed on the inner semi-lunar cartilage, and the deformity produced is just as much as in the dislocation outwards. The tibia is sometimes dislocated *forwards*, the external marks of the injury are these—the tibia is raised, the thigh-bone is depressed, and thrown rather to one side, sometimes so much so as to com-

press the popliteal artery. In the dislocation *backwards*, the limb is shortened, the condyles of the femur project, and there is a depression of the ligament of the patella, and the leg is bent forwards. Each of these dislocations may be reduced by simple extension, for as soon as you remove the surfaces of the bones from each other, the muscles give them the direction necessary to be restored to their proper situations.

*Partial Dislocation of the Thigh from the Semilunar Cartilages.*—In these cases, where the secretion of the synovia into the joint has been very much increased, the ligaments become so much relaxed as to allow the cartilages to glide on the surface of the tibia, especially if the edge of the cartilage is pressed by the thigh-bone. This accident was first accurately described by the late Mr. Hoy of Leeds, who was a scientific and successful practitioner, and had the advancement of the profession at heart. The most common cause of this accident is the person striking his toe against some projecting body, when the foot is evicted. He immediately feels pain in the knee, and it cannot be completely extended. I have also known it happen from a sudden twist inwards, when the foot is turned out.

The manner in which the accident happens is as follows :—The ligaments uniting the semilunar cartilages to the head of the tibia become relaxed, the cartilages are easily pushed from their situations by the condyles of the femur, which there come into contact with the head of the tibia. When the limb is attempted to be extended, the edges of the semilunar cartilages prevent it. Now the mode of restoring the parts to their natural position is clear, and this is to bind the limb back as far as possible, by which you remove the pressure made by the thigh-bone, and this enables the cartilage to slip into its place, and the condyles of the femur are again received on the semilunar cartilages. This accident is particularly liable to happen again, and the return of it is best prevented by a bandage made with a piece of linen having four straps attached to it, and these are bound lightly above and below the patella.

*Of Compound Dislocations of the Knee-joint* I have only seen one example. This required an immediate amputation; and it is probable that in all these accidents, unless the wound is very small so as to allow of its ready closure and adhesion, that a similar practice will be necessary.—

I shall next speak of fractures of the knee joint, and first of

*Fractures of the Patella.*—The patella is generally broken transversely, but sometimes longitudinally.

In the first of these the upper part is drawn from the lower by the action of the muscles inserted into it, whilst the lower part remains fixed by its ligament. The degree of separation depends on the laceration of the ligament. The accident is at once known by the depression between the two portions of bone, into which you may put your fingers, and by the upper part of the bone moving readily on the lower and fore-part of the thigh. The power of extending the limb is also lost; and the knee bends forwards from a loss of action of the extensor muscles. Soon after the accident, extravasation takes place on the fore part of the joint, and produces a livid appearance, but this is removed by absorption in a few days. There is afterwards considerable effusion from inflammation into the surrounding parts. It happens either from blows on the patella or from the action of the muscles. The union of this fracture is generally by ligament, whether the separation of the bones be great or little. But still the principle which should



guide you in the treatment is, to make that ligament as short as possible. If the upper end of the bone be retracted by the muscles, the ligament connecting the bones is long, the patient walks very lame, and is liable to fall and break the other patella.

When called to this accident you should place the patient on a mattress, extend the limb on a well padded splint which is placed behind the thigh and leg. The patient should be raised as much as he can to the sitting posture to relax the rectus; an evaporating lotion of *white wash* should then be applied, and the heel should also be raised towards the trunk, to bring up the lower portion of the patella. If there should be much inflammation continue for a day or two, leeches must be applied and an evaporating lotion continued, and when the tension has subsided you may apply your bandages. The mode generally adopted is, to pass a roller from the foot to the knee to prevent the swelling of the leg, then rollers are applied above and below the joint, under which a piece of broad tape is passed on each side, which crosses the rollers at right angles, and by tying these the upper portion is brought down towards the lower. But the plan which I like best is this: Buckle

a leather strap around the thigh, above the fractured portion, and from this another strap should be passed beneath the foot, the leg being kept extended and the foot raised, this strap is brought up on the other side of the knee and buckled to the circular strap above the knee, a roller should also be applied on the leg. After keeping the limb in this position five weeks you may begin to use slight passive motion, taking great care however not to do too much, as you would separate the ligamentous union which had been formed. You may increase this from day to day, until the limb can be bent perfectly. The smallest distance at which I have known it to unite is half an inch, and the greatest distance seven inches; a moderate distance is one or two inches. It sometimes happens, that from the degree of separation the patient loses the command over the motions of the leg, and in such cases you must exercise the extensor muscles by letting the patient swing his legs over a table, in order to accommodate the muscles to their new line of action. Unless this be done, or passive motion be used, the patient can never recover the use of the limb.

In the *longitudinal fracture*, the bone also unites by ligament. I have seen it unite by bone, but it was rather

a fissure than a fracture. The treatment will be to apply leeches and evaporating lotions; in a few days a roller should be applied, and then a laced cap with a strap to buckle above and below the knee with a pad on each side of the patella to bring the parts as nearly as possible into contact.

*Compound Fractures of the Patella* are very dangerous accidents, frequently proving fatal to life from the violent degree of constitutional irritation which they occasion. They are generally recovered from by the following treatment: Bring the integuments together by a small suture, apply adhesive straps round the knee, evaporating lotions on the fore-part, and the limb kept extended by a splint passed beneath. Whenever a joint is laid open, except by a valvular opening, that wound is always kept open by the synovia, and is therefore very difficult to heal; but if the integuments are brought together by a suture, the parts beneath will heal by the adhesive process. The suture should not be kept in more than a week.

In *Fractures of the Condyles of the Femur*, extending into the joint, which are known by the great swelling that takes place into the joint, by the crepitus and the deformity, you should place the limb

on a pillow in the extended position, for then the head of the tibia keeps the extremities of the bone in their places. You should apply evaporating lotions, and leeches if necessary, to subdue the inflammation, and then mould a piece of stout pasteboard, moistened, round the knee, and bind it on with a roller. This, when dry, adapts itself equally to the different surfaces, and forms a most excellent splint to retain the fractured extremities of the bones. After five weeks you should commence passive motion, or otherwise ankylosis will take place. The same observations apply to *fractures of the head of the tibia*.

*Of the Dislocations of the Ankle Joint.*—This articulation is well protected by numerous strong ligaments, the union of the fibula particularly is so firm to the tibia and the tarsal bones, that it generally happens that the bone will rather break than the ligaments give way. I have seen the tibia dislocated in three directions, inwards, forwards, and outwards; and a fourth, backwards, is sometimes said to occur. The *dislocation inwards* is most frequent. The foot is thrown outwards, and its inner edge rests upon the ground; the internal malleolus projects so much against the integuments as to threaten their laceration. The foot easily rotates on

its axis. There is also a depression above the malleolus externus attended with great pain, and about three inches above the lower end of the fibula a crepitus may be felt. This accident generally happens from a person jumping from a considerable height, or from running violently with the toe turned outwards, the foot being suddenly checked in its motion whilst the body is carried forwards on the foot, and the ligaments on the inner side of the ankle give way. By grasping the leg about three inches above the ankle, and freely rotating the foot, a crepitus of the fibula will be perceived. To reduce the dislocation, place the patient on a mattress on his injured side, and bend the leg at right angles with the thigh, so as to relax the gastrocnemii, let an assistant grasp the foot and gradually draw it in a line with the leg. You should at the same time fix the thigh and press the tibia downwards, to force it on the articulating surface of the astragalus. After the reduction, let the limb remain on its outer side in the bent position with the foot well supported, a many-tailed bandage should be applied, and kept wet with the spirit wash. The patient may leave his bed and walk on crutches at the end of five weeks; friction and passive motion should

be used at the end of eight weeks, and twelve weeks will elapse before he has the perfect motion of the joint.

*Of the dislocation forwards.*

—Here the foot appears much shortened and fixed, and the toes point to the ground. The lower end of the tibia forms a hard swelling on the middle of the tarsus. The heel appears lengthened, and there is a projection before the tendo achillis. On dissection it is found that the tibia rests on the navicular and internal cuneiform bones, the fibula is broken, and carried forwards at the side of the tibia, and it is fractured about three inches above its malleolus. It happens from the body falling backward whilst the foot is confined, or from a person jumping from a carriage in rapid motion with the toe pointed forwards. In reducing this dislocation you should lay the patient in bed on his back, an assistant should grasp the thigh at its lower part, and draw it towards the body, whilst another pulls the foot in a line from the leg, and you then push the tibia back, to bring it into its proper place. Attending to the same rule for relaxation of the muscles and the after treatment as in the former dislocation. The patient should afterwards rest the leg on the heel, apply splints

on each side of the leg, with foot-pieces to support the foot at right angles with the leg. In five weeks you may allow the patient to get up, and use passive motion, as the fibula will by that time have united. In the *partial dislocation forwards*, the tibia rests half on the os naviculare and half on the astragalus; the fibula is broken, and there is not any considerable projection of the heel. The foot is pointed downwards, and there is great difficulty in putting the foot flat on the ground. The heel is drawn up, and the foot is in a great degree immoveable. The treatment is the same as the complete dislocation forwards.

*Of the dislocation outwards.*—

This is the most dangerous of the three, as it is produced by greater violence, and is attended with more laceration of ligament, and more contusion of the integuments. The foot is thrown inwards, and its outer edge rests upon the ground. The malleolus projects very much, and forms such a decided prominence that the nature of the injury cannot be mistaken. The toes and foot are pointed downwards. In this accident the malleolus internus is obliquely fractured, and it happens from the wheel of a carriage passing over the leg, or by the foot being twisted in jumping

or falling. To reduce this dislocation you place the patient on his back, bend the thigh at right angles with the body, and the leg at right angles with the thigh, let the foot be held firmly by one assistant, and the thigh grasped under the ham by another, then extend the foot in a line with the leg, and press the tibia inwards towards the astragalus. The limb should be laid on its outer side, resting on splints with foot pieces, and a pad should be placed on the fibula, above the outer angle, extending a little way up the bone, so as to support that part of the leg. The after-treatment will be the same as in the former cases. Passive motion should be used in six weeks.

*Compound Dislocations of the Ankle Joint* may take place in the same direction as the simple, and the bones and ligaments suffer in the same way. Great local inflammation and constitutional disturbance attend this accident. The cause of these is the wound which is made into the joint, and the great efforts required to repair it. The principle to be observed is this:—close the wound as completely as possible, to resist nature in the adhesive process by which the wound is to be closed, and to render suppuration and granulation less necessary for the union of the

opened joint. The reduction is to be effected in the same manner as I have before described in simple dislocations. Apply a little lint dipped in blood to the wound, put on a many-tailed bandage, which is to be kept wet with spirits of wine and water, and the limb should rest on its outer side. But in the dislocation outwards it is best to keep the foot on the heel, with a splint and foot-piece on the outer and inner side of the leg. The knee should be slightly bent, and care taken that the foot does not become pointed.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

#### ARCHIVES GENERALES.—JULY.

In our two preceding numbers we have given a full analysis of some of the most interesting articles in this number; there remain, however, a few to be noticed. One of these is the case of a young gentleman who in a fit of despair took a drachm of oxide of arsenic together with as much corrosive sublimate for the purpose of destroying himself. About five minutes after he took this dose he began to experience a sensation of extreme heat in the bowels, his courage forsook him, and he took eighteen grains of ipecacuanha, to obviate the ill effects of the poison which

he had taken. With the assistance of warm water this produced copious vomiting of black coloured liquid; convulsions soon seized him, and his whole appearance became changed. In six hours after he committed the act he felt a little better, but the eyes were inflamed and had a wild expression, the abdomen painful, and a diarrhoea supervened which lasted eight days. The antiphlogistic plan was strictly adopted, whites of eggs in water were administered, and at one part of the illness some syrup of hydrosulphuret of potass in rice-water, and on the twentieth day from the commencement he was perfectly recovered.

#### *Case of a Tape-worm found in the Bladder, presented to the Royal Academy of Medicine at Paris, by M. JULIA FONTANELLE.*

This case appears to us the more extraordinary, since in all our researches we have not been able to find a similar one. It fell under the notice of Dr. DARBON, celebrated for the various experiments which he made at the Hotel Dieu and La Charité for the expulsion of tænia. Before him several physicians had recognised the existence of round worms in the kidneys and the bladder. GERON\* has published a case of a woman passing three round worms by the urethra. TULPIUS† makes mention of a worm being passed with the urine, which was round, long, and red as blood. AMBEROSE PARÉ‡ says, that LOUIS DURET voided similar ones after a long

\* Journal de Médecine, 1789.

† Observat. Méd. lib. 2. cap. 4.

‡ Lib. 20.

illness. PANSATI saw a clergyman fifty years of age, who suffered for four years constant pain in that part of the bladder which corresponded to the centre of the sacrum. The different symptoms appeared to announce the presence of stone in the bladder, when there came away with the urine two lumbricales, after which the pain left him. DUCRET,\* CHOPPART,† DUMERIL,‡ STROMAIER,§ MOUBLET,|| and others have published similar observations. There is a curious fact recorded¶ of a stone being formed in the bladder, having a worm for its nucleus. It is very probable that since the lumbricales are sometimes found in the bladder, the tænia may also exist in it; and the case communicated to the Academy by M. FONTANELLE proves it. In this case several yards of tape-worm were voided by a gentleman fifty-six years of age; his chief symptom was an insupportable pain at the verge of the anus, which left him after the worm was voided.

#### Statement of Broussais' opinions.

By M. GOUFIL.

This is the seventh article, which has appeared in this work, on the same subject. BROUSSAIS is the author of a work entitled *Histoire des Phlegmasies Chroniques*, which contains much valuable information; conducts a periodical publication, the *Annales de la Mé-*

\* *Malattia verminosa della vesica.*

† *Journal de Médecine*, 1803.

‡ *Maladies des voies urinaires.*

§ Mentioned by JULES CLOQUET, in his work on the anatomy of intestinal worms.

|| *Grægor. Hortisii*, opp. tom. 2.

¶ *Ephemerides de curiosis de la nature.*

*décine Physiologique*; and is the supposed author of a catechism of physiological medicine, written in a familiar style, being in the form of dialogues between a *savant* and a young physician; and this contains a succinct statement of the new medical doctrine, as it is styled. Opposed to this doctrine are several eminent men, who are, at present, carrying on a severe paper war with BROUSSAIS and his followers. M. BROUSSAIS thinks that he sees gastro-enteritis in every disease, and consequently carries the anti-phlogistic plan to an excess; thus laying himself open to the attacks of his enemies, who really withhold from him the merit which he deserves. We shall take an opportunity of giving, at some future time, an account of the new medical doctrine.

#### Recto-vesical operation for Lithotomy.

We shall conclude this article by making a few remarks on this mode for operating for stone. This operation was first recommended in France, where it was but coolly received, and afterwards practised at Turin, Genoa, Milan, and Pisa. VACCA, Professor to the University of Pisa, has published three papers on this subject. The first of these was to make generally known in Italy the new operation, with some alterations which VACCA himself had made. These principally consisted of not extending the incision to the body of the bladder, excepting when it was rendered absolutely necessary by the size of the stone. In the second paper, he answered the objections raised against this mode of operating by SCARPA and GERL. Two questions, however,

remained to be determined by the result of experience, whether the healing of the wound was slower by the new mode than by the lateral operation? and, secondly, whether urinary fistulae are more frequent after this operation than the other? To these questions, VACCA might have added another, viz. whether the power of indulging in sexual intercourse is destroyed by the new operation, because, by the lateral operation, it is not at all impaired? In the third paper, VACCA replies to the observations of SCARPA, and gives the results of more than forty recto-vesical operation, performed since the publication of the second paper. The objections of the Parisian Professor may be resolved under two principal heads: the one is founded on the anatomical relation of the parts; the other relates to the mode of operating.

As the comparative advantages of the different operations can only be determined by the result of experience, we shall give the following accounts of sixty-nine patients who underwent the recto-vesical operation. They occurred under the care of Professor VACCA. Of the sixty-nine patients, thirteen died. Of these thirteen, seven appeared to have died from affections altogether independent of the operation; fifty-six recovered. Of the fifty-six cured, eight had fistula; forty-eight had no fistula. The time before the cure was completed varied. From the 8th to the 15th day, seven recovered; between the 15th and 30th, twenty-eight; and from the 30th to the 60th, ten; and lastly, from the end of the 60th day to the expiration of the 7th month, the remaining eleven were cured. We cannot conclude

this notice, without referring our readers to a more detailed account of this operation, written by Mr. SLKIGH, Lecturer on Anatomy and Surgery.

#### *To the Editor of THE LANCET.*

SIR,—I have been both grieved and pleased during some few preceding weeks with the communications made to *THE LANCET*, respecting the present state of practical medical and surgical instruction at the different hospitals in the metropolis. — *Grieved*, that both physicians and surgeons should fall so far short of their duty to the pupils, and give them so much cause for complaint; but *pleased*, because those very complaints prove the anxiety and highly creditable solicitude of the students of the present day to qualify themselves to act as men who understand their profession.

I am confident that, as matters now stand, there is much valuable practical knowledge lost to the students, which, because they pay for it, they are justly entitled to. I beg leave, therefore, to recommend to the most serious consideration of the students of the different hospitals, &c. throughout the metropolis, the necessity, the propriety, and the advantage of forming a *Society* among themselves; and of adopting such plans as shall be best calculated to enable them to assist each other, in every possible way, in the acquisition of medical knowledge, in its various departments. Let us recommend the fixing on some central spot for the Society to hold its meetings.

Let rules be drawn up. Let a library be commenced, by purchasing a few of the works of the best authors in the different branches of medical science. Let a museum be begun to be formed. Let the best anatomical plates be procured. Let those who are good draftsmen avail themselves of every favourable opportunity of enriching the museum. Let the Society appoint persons to purchase the works of the authors they fix upon; the pharmacopœas of the different colleges; the formulas of the different hospitals; and the best lectures they can find, whether in print or in manuscript. Let a large book be provided for the purpose of recording select and valuable cases, which may occur at the hospitals or elsewhere; another for select formulas of eminent practitioners; another for miscellaneous communications to the Society; and one for the business and transactions of the Society; an account-book, as a matter of course.

As soon as the finances will admit of it, let the Society have a small laboratory erected, and provide proper chemical apparatus; in order that such members as may be desirous of becoming better acquainted with practical pharmaceutical chemistry, may have every facility afforded them.

In the apartment where the Society meet, let there be affixed to the walls printed columns, in separate large sheets, of the names, terms, &c. in anatomy, botany, chemistry, the materia medica, midwifery, physiology, the practice of physic, pharmacy, and surgery; to such extent, at least, as it can be conveniently carried: likewise anatomical plates, plates or drawings of surgical instruments, in-

cluding those used in midwifery; of chemical vessels, as well as tables of chemical affinity, &c. of electrical apparatus, of diagrams, &c. &c. in order that the young student, whenever he enters the apartment, may always have an opportunity of learning something by every glance of his eye, be more readily and expeditiously familiarized to the objects of his pursuit, and receive a stronger and more lasting impression of those objects upon his mind; that those also who have already acquired some knowledge of these different subjects may acquire more, or refresh their memories on particular occasions; and that *all* may have a ready authority whenever the circumstances of the moment require such information.

Let the Society endeavour to strip the science of the remainder of the barbarous, obsolete, and useless terms with which it is encumbered, many of which serve no other purpose than to occupy a large portion of the student's valuable time, and burden his memory. Let every member assist in clearing away the remaining jargon of the schools, and endeavour in all cases to understand more perfectly what they are doing; and instead of those intricate mazes and meanderings which have too long existed in the paths of medical science, let them endeavour to strike out a more straight-forward and rational course. Let them aim at greater simplicity. Medicine has long been too complex. Men have been more disposed to jumble a great number of remedies together, and take it for granted that each combination must be efficacious, than to ascertain, by persevering inquiry and diligent investigation,



what were the real properties of a single one. Both in theory and in practice, mankind have been more satisfied with working in the dark, and remaining unable to assign any satisfactory reason for what they do, than desirous of clearing up doubts—of thoroughly understanding their subject—and of working in broad day-light with their eyes open. "They have loved darkness than light." They have been satisfied with sounds and shadows, with words and phrases, with names and terms, with former opinions and practice. They have too often mistaken a knowledge of hard names and terms, and of the dead languages, (which is only a knowledge of words,) for wisdom itself. They have been fond of mystery, of darkness, and of difficulty; better pleased with being able to speak and to write so as not to be understood, than with speaking and writing to some practical purpose, in a language common to all.

Let the Society solicit the countenance and the support of men of established reputation and practical experience throughout the kingdom; and be thankful for every communication; and let it readily receive, but duly consider, every well-meant hint or suggestion, from whatever quarter it may come. Without much solicitude, I should hope that, among the numerous aged and experienced practitioners, there are some who would come forward, and, either by their counsel, their scientific collections, or their wealth, assist an infant society of such public importance; a society composed of men who, year after year, will be spread throughout the kingdom, scattered over the world, and become the guardians of the health of mankind.

I should hope that some such aged and experienced practitioners would, when opportunity occurs, communicate to the Society sterling knowledge, valuable practical information, useful formulas, and the like; now and then mingle with them at their meetings, encourage them by their presence, and assist them in their discussions; occasionally give them a lecture on some practical subject, the result of their long and tried experience; and, lastly, make them contributions by will at their death.

It would be too tedious here to enter into all the particulars necessary to be taken into consideration in the formation of such a Society. The above will suffice as something like a rough draught or sketch of a plan; or as a mere hint, at least, if nothing more. Should a few individuals be inclined to set about the formation of such a society, the plan might then be soberly digested, improved, and matured. Some matters which I have herein proposed may very probably be disapproved of by wiser heads than mine, and other matters far preferable be substituted in their stead. Let a society be but once formed, and then *good will* result. "In a multitude of counsellors there is wisdom." Some will suggest one useful plan, some another.

To point out the necessity of some reform in practical hospital instruction, let us suppose that a student was qualifying himself for a country practitioner; and that not only for his own credit and the benefit of his patients generally, but that because when he was in actual practice he could not so readily call in the aid of a physician or a hospital surgeon, as circumstances might require, as if he

resided in town,—that, on *these accounts*, he was desirous of furnishing himself not only with theoretical, but with as much *practical knowledge* as possible, during the time he allotted himself to stay in London for the purpose. Let us suppose that such a person, by attending very diligently several courses of lectures on anatomy, and by devoting a reasonable portion of time to dissection, had acquired such a correct knowledge of the subject as entitled him to be considered a good anatomist. Let us further suppose that he had also diligently attended several courses of lectures on surgery, on midwifery, on the practice of physic, on botany and the materia medica, and on chemistry; and that, from having previously acquired a knowledge of short-hand, he had been enabled to take down all his lectures full and correct; that he had perused them over and over, from time to time; had read some of the best authors on the same subjects, and thought much on all of them himself;—let us suppose all this, and then what would be our answer if asked whether this was enough? Would not that answer be in the negative? In addition to the valuable acquisition of all these, (and valuable it certainly would be,) would he not stand in absolute need of seeing hospital *practice*? and of so seeing as to understand it? Ought he not to receive *living lectures*, if I may so call them, from persons fitly qualified? Ought he not to be told what the disease really is under which a patient labours; what the diagnostic symptoms really are as they actually appear at the moment; and what are the remedies employed for the removal of the disease? And

ought not all other essential information respecting the case to be communicated to him? But is the present plan of hospital instruction calculated to fulfil all these purposes; and if not, is not the student's acquirements in practical knowledge, as a matter of course, materially, though unavoidably, defective? This, then, is the important point which the society should aim at; namely, to endeavour to bring about a more efficient method of practical instruction. *What* is the best method of conveying to the minds of medical students, when in the wards of an hospital, all the important information in the practice of physic and of surgery which the cases at the time will admit of? Let this subject be soberly discussed and determined on.\*

In a variety of ways students might instruct and assist each other when they get together. To instance a few:—the application of bandages, which is a subject too little understood by the generality of surgical students, is one; the names and uses of many of the surgical instruments is another; the art of bleeding is a third, the practice of which is thoroughly known but by few. Again, let us suppose for a moment that a student wanted to obtain information upon some particular subject; might it not be one of the rules of the

\* In justice to the students, I think the physicians and surgeons ought annually to present the pupils with a printed selection of cases. Indeed, were a selection of the most interesting cases which occur in all the different hospitals throughout the kingdom, for a course of the year to be printed in a volume, they would form a valuable mass of practical information for all the students.

society, that whenever the members met, any individual might have the privilege of soliciting such information. Independent of the importance of obtaining it to the individual himself, the discussion which might arise out of his question would not unfrequently be of lasting advantage to others. Let them communicate to each other whatever occurs of importance at the different hospitals, or in any other quarter, which may come to their knowledge. In short, let them associate themselves with the determined resolution to promote each other's benefit in every possible way; and, doubtless, good will be the result of such an association. I am, Sir,

Yours, respectfully,  
AN OLD PRACTITIONER.

Aug. 31, 1824.

MR. BATTLEY'S *Second Letter\**  
on the Components of Opium.

[From the Medico-chirurgical Review.]

GENTLEMEN, — In your last number, I stated that I had subjected twenty-six pounds of opium to the action of water, and that a residuum or refuse of three pounds was left in deposit. I showed, also, that the morphia of opium (so called) was contained or included in this residuum.

Finding much inconvenience from the attempt to continue my experiments upon the large scale of twenty-six pounds, I have proceeded upon eight pounds only, and so that scale or standard the following statements must be referred. I will, however, find the same proportional results, and I appre-

hend that equality, in this respect, is not to be expected from any two quantities of opium, although of equal weight.

Eight pounds (avoirdupois) of opium, when perfectly dried, weighed about seven pounds, and imparted to distilled water 4 lbs. 12 oz. leaving a residuum of 2 lbs. 4 oz. when dried; the latter containing, as I continue to assert, the morphia. This residuum, subjected to the process described in my last paper, produced of pure crystals 8 drachms 44 grains.

The 4 lbs. 12 oz. imparted to the distilled water, when dried, was subjected successively, four times, to the action of cold water, and precipitated 12 oz. 60 grains. This precipitate, dried, and then macerated in diluted acetic acid and ammonia in excess, yielded,

	drs.	grs.
Morphium - - -	2	4
Pure resinous matter -	3	40
Remained in the filter -	0	14
	5	58

Leaving 9 oz. 26 grains not acted upon, and the remainder suspended in the maceration.

Little, if any, effect, followed from the immersion of the 9 oz. 26 grains in four pounds of alcohol (cold) during fourteen hours:—when heated to boiling temperature, the alcohol became deeply tinged, and the boiling was repeated in fresh alcohol, eight to ten times, until the alcohol ceased to be affected. The following are the results of this operation, viz.

	oz.	drs.	grs.
Pure resin - - -	4	2	
Not acted upon - -	4	6	40

One moiety of the latter, immersed in a

\* The first letter will be found in Vol. XII. p. 306.

mixture of distilled

water - - - 2 pints.

Ammonia - - - 1 oz.

left in deposit matter of a grey slaty appearance, weighing, when dried, 1 oz. 2 drachms, 20 grains, and imparted to the fluid, the same weight of 1 oz. 2 drachms, 20 grains, resembling, in appearance, hard extract of liquorice.

The other moiety was immersed in diluted nitric acid, and remained in a temperature of 100°, during several days, when a mass was formed, which imparted to distilled water 2 drachms, 10 grains, of a bright deep yellow colour, (when condensed,) in quality adhesive, and to the taste bitter,—acid. Of the remainder, 1 drachm, 40 grains, boiled in alcohol, yielded to that menstruum 22 grains of a dingy yellow appearance, and of the taste of raw coffee.

The 4 lbs. 12 oz. (reduced by the precipitation before-mentioned, of 12 oz. 60 grains) in the state of extract, had entirely lost its characteristic properties of taste and smell, and had become simply bitter to the taste, but intense in degree, and of an agreeable odour, and upon being alternately extended and relaxed by the hand, altered from a dark dull appearance to a bright yellow colour.

Of this mass:—

Four ounces were diffused in ten pints of distilled water; the mixture, turbid, upon filtering became transparent, and the test paper showed the presence of an acid. To this clear or transparent solution was added one pint of acetic acid, and after twenty-four hours, ammonia was added in excess; a precipitation ensued, which, when washed and dried,

weighed twenty-one grains, of a dark, shining, brittle quality, and pulverised readily. Boiling alcohol dissolved 19 grains, leaving a refuse of two grains. Upon recovering the extract (19 grains) from the alcohol, not a crystal was formed, *thus showing the entire absence of morphia*, from the mass from which the 4 ounces were taken.

Four ounces diffused in the same quantity of distilled water, produced a mixture slightly turbid, which upon filtering, showed an acid as before, and upon adding liq. potass. so long as the presence of acid was indicated by the test paper, the solution became exceedingly turbid, and deposited a substance, which, when washed and dried, weighed three drachms; this substance yielded to boiling alcohol (frequently repeated) crystals, 2 drachms, 33 grains, and left on the filter 21 grains saline particles.

Four ounces diffused in the same quantity of distilled water, presented similar effects, until, by the addition of ammonia instead of liq. potass., a considerable deposition, of a yellow colour and globular formation, was produced, weighing, when dried, about one ounce. —Severe illness prevented the further prosecution of this branch of the investigation.

To four ounces diffused in like manner, magnesia was added; the deposition weighed 10 lbs. 2 quarters, 1 drachm, and yielded to boiling alcohol, still more frequently repeated than before, again 3 drachms, 21 grains.

I have now brought this inquiry to a point which will enable me, in a future paper, to state what separations from opium are effected upon obtaining the liq. op. sedativ., and what those separations severally are; and I shall also endeavour, in the same paper, to show the constituents of that preparation. I am, Gentlemen,

Your obedient Servant,

RICHARD BATTLEY.

Fore Street, Aug. 14th, 1834.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### *Case of Fracture of the Skull with Depression without any disturbance of the functions of the Brain.*

We consider that the treatment of these injuries is as yet but imperfectly understood, yet we can look back and see a vast improvement in this department of surgery within the last twenty years. The operation for the removal of depressed portions of bone was then almost invariably practised, but a case of simple fracture, even attended with depression, now seldom occurs requiring operation. There have been two or three cases of this description very lately at this hospital which have done perfectly well by the antiphlogistic plan merely; some requiring blood-letting, others not; and we give the following case as an example of the latter class:

M. H. *æt.* 19, a young woman of rather a plethoric habit, residing at Clapham, was knocked down by a cart driven furiously along the

road near Clapham-rise without a driver; it happened about ten at night, and although she heard the cart coming, it was so dark that she could not tell in which direction to get out of the way, and unfortunately came in contact with the vehicle. She soon after recovered from the effects of the blow and got up, and was assisted, by a person passing at the time, to a house in the neighbourhood; from which she was afterwards removed to the hospital, and was admitted into Chapel-ward on August 25th.

When she came in, she said, that she had felt no sickness, and did not feel particularly chilly. She betrayed no confusion of intellect but only complained of having a dull heavy pain in her head. On examination of the head it appeared that the blow was received on the right side of the cranium; and on further examination there was a fracture of the parietal-bone on the same side discovered, with an evident depression of a large portion of the bone, so that nearly the whole of the thickness of the bone from which it had been detached could be felt.

She came in towards evening, and after remaining in bed a short time the pain in her head was lessened, and as her pulse was not quick she was not bled, but had a cold application made to the part.

26th. Had a quiet night, but complained of a little pain in the head; tongue moist; pulse 78; bowels moved once. Ordered to continue the cold application, and to take *hydrargyri submuriatis gr. v.*, and to be put on the low diet.

28th. Continues to improve; had a good night's rest; feels no restlessness; is a little thirsty; pulse natural; was yesterday ordered a

repetition of the anaburinate with some compound tragacanth powder. Bowels have not been relieved to-day, was therefore ordered the *enema colocynthidis statim injiciendum*.

30th. Her skin feels rather hot, and she has been a little thirsty, but the pulse is not increased in frequency, although it is a little fuller; ordered *hydr. submur. gr. ij. omni nocte sumend.*

Sept. 3d. Complains of no pain in the part; the heat of skin and thirst have subsided; sleeps well, and appears in good spirits. Sir ASTLEY, in going round to-day, showed the case to some surgeons from Germany, as illustrative of the principle at present adhered to in this hospital, with respect to these accidents; viz. that there does not exist a necessity for removing the depressed portion of bone, when the functions of the brain are not disturbed by such pressure. But at the same time admitted, that he had known cases in which great mental excitement, and violent corporeal exertion, had produced so much cerebral congestion, that the organ suffered from the pressure of the displaced bone; and which cases had required the bone to be raised even a considerable time after the injury. Yet, these cases were so few, that they could not with propriety induce an opposite practice. He wished the patient to continue her present medicine a few days longer.

The accidents admitted this week are, a fracture of the radius, with a contused wound of the arm; a punctured wound of the foot; a fracture of the tibia; a fracture of the acromion and scapular end of the clavicle; a lacerated wound

the fore part of the tibia; a fracture of the tibia and fibula; a case of epistaxis, in which cold lotions were applied over the forehead and nose, the patient was bled, and took a scruple of compound powder of kino, in one ounce of the infusion of catechu every four hours, and had lint, dipped in tincture of opium, stuffed up the nostrils.

A case of fractured scapula and ribs, with emphysema, which we shall give next week; and a fracture of the ulna, with lacerated wound.

The operation of lithotomy was performed here on Tuesday, by Mr. KEY, on a child about seven years of age. He used the straight staff, and the large knife, like that used by CHESELDEN, having a cutting point. The external incision is made with the same knife, and then it is carried onwards with its point in the groove of the staff, the handle of which is depressed for the purpose, into the bladder; the edge of the knife is also turned a little downwards, as well as outwards, as it makes the section of the prostate. The stone was extracted within two minutes. It was composed principally of the triple phosphate.

## ST. THOMAS'S HOSPITAL.

*The continuation of the case of Compound Fracture of the Skull, with Depression, in Edward's.*

We anticipated, that the case of compound fracture of the skull, with depression, in Edward's, would have been a case of great interest, and we are glad to see that the patient is now

lancet, in the same evening, succeeded in checking its progress. His pulse got up to 100, and his skin became very hot. About 10, P.M. he was visited by the dresser, and bled to 3xiv. The pills which he had taken in the morning operated frequently.

Sept. 1st. Has had a restless night, but does not complain of much pain in the head. His pulse is 80. Tongue furred. Ordered, *hydr. submur. gr. ij. pulv. opii gr. ½ nocte maneqe; mist. efferv. p. r. n.*

2nd. Pulse, this morning, 76, and soft; slept several hours, and the sleep refreshing; skin cool; continues the former medicine, and the cold application to the head.

3rd. The wound was examined, two of the adhesive straps were removed, and the lower part of the wound had united; a broad strap of plaster put across the middle of it. A good discharge of pus from the upper part. Pulse 74, and skin cool. *Omitte cal. et opium. Persistat in usu mistura effervescentis.*

4th. On the evening of this day, the pulse got up to 78, and were full. He complained, also, of some pain in the head, and the skin was hot; was bled to the extent of 3xij, after which he passed a quiet night, and felt quite relieved on the following morning.

6th. Pulse 70; skin cool, and sleeps well; has no pain in the part, and the wound looks very healthy. He continues the use of the cold application, and takes

*infus. r. sing. sulph. 3j. ter*

The urine is proceeding very

are two fractured ribs; a contusion of the thigh, and a case of rash, from scarlet produced by cysteria, which was removed by bleeding and purgatives.

No operations of consequence have been performed here this week.

# CLINICAL LECTURE.

I intend, Gentlemen, to-day, (said Mr. TYRRELL,) to make some observations on stone, and to describe the different operations usually performed for its removal. And first I shall mention,

*The symptoms of Stone in the Bladder.*—These are somewhat similar to the symptoms of other complaints of the bladder, and, therefore, it is necessary distinctly to enumerate them. There is a frequent desire to void the urine, and, while doing so, the stream is suddenly stopped; there is great pain felt near the extremity of the penis; and the usual seat of the pain is just opposite the frenum, extending down the urethra to the perineum. This pain is more severe after the emptying of the bladder, from the mucous membrane collapsing about the stone. Sometimes the pain is very much increased by walking or riding; and sometimes there is a disposition to pass the feces at the same time with the urine. In children, there is a remarkable elongation of the prepuce, from their nipping it between the finger and thumb, which is found very much to deaden the pain. The urine is also bloody, and sometimes there are small coagula of blood passed with it. In the more advanced stages of the disease, it becomes loaded with mucous and fleshy

matter; and this indicates a diseased state of the mucous membrane. In sounding a patient, the sound should be passed in the same way and with the same care as you would pass it in stricture, and which I explained in my lecture on retention of urine. (Vide No. 8, Vol. IV.) This may be done very easily, except in cases of diseased prostate, and in old persons having stone, in whom the prostate is generally enlarged. In these cases, you have to introduce the finger into the rectum, and lift the point of the sound over the enlarged gland. Sometimes you cannot detect the stone on introducing the sound, although you may feel the stone distinctly at other times, as was the case with a boy on whom I lately operated. I sounded him when he first came into the Hospital, and was perfectly satisfied of the existence of a stone; but I sounded him five or six times afterwards, and could not detect the stone; and I found that this was owing to his voiding his urine whenever he saw me coming. Therefore, whenever you suspect the existence of stone, and you are about to sound the patient, he should have retained his water for some little time previously.

I believe stones found in the bladder either descend from the kidneys, or are indebted to some foreign matter getting into the bladder for their formation; this matter serving as a nucleus, on which the calculous precipitation is deposited. A coagulum of blood has been found sufficient for this purpose; and numerous instances have occurred in which pieces of bougies, tobacco-pipes, and even needles, have been found as the nuclei of the stones.

The number of stones varies very much: in the majority of cases there is only one; but as many as 100 have been found in a patient. When there are many present, their surfaces are generally smooth, from friction. The surface of a stone has been found smooth, even when there has been but that one in the bladder; but generally the surface of a stone is rough.

The composition of stone is various. Here are some sections of stones, which have been analysed by my friend Mr. Dorsler (passing them to the class). These are composed of lithic acid, fusible calculus; others having lithic acid for nuclei, surrounded by a deposit of the triple phosphate. For a full account of the analysis of the different species of calculi, I should advise you to consult Dr. MARCET's work.

If a patient applies to you with stone, and will not consent to have the operation performed, you must relieve him as well as you can; and, for this purpose, the means recommended for the relief of irritable bladder will be most likely to succeed, as opiates, the warm bath, and the exhibition of alkalis or acids, which you may know how to prescribe by testing the urine with litmus paper.

Although a patient may have stone in the bladder, there are many objections to the operation which it is very important to consider. He may have a diseased state of the kidney; the mucous membrane may be diseased; the prostate may be enlarged and irritable; there may be a general order of the genital system; the state of mind of the patient should also be very much attended to; and this will apply equally to



all operations of importance. I have seen many operations performed in this Hospital, whilst the patients have been labouring under feelings of the greatest anxiety; and I have observed that very few of them did well. As to the sufferings of the patient from the disease itself, it is rather favourable to his safety than otherwise; as, for example, his complaining of great pain after voiding his urine, unaccompanied by any disease of the kidneys.

When you have made up your mind to perform the operation, the patient should be well prepared for it; and I believe that the cause of our success at this Hospital depends mainly on this circumstance, and the care that is taken in the after-treatment. They are all put (as you are aware) under the management of one Sister, who has been many years in the house, and who was for a long time with another female, who had the care of such patients for many years.

The plan which I usually adopt is, to give the patient an opiate, if he is irritable, taking care to keep the bowels open, and the morning previous to the operation empty the rectum by an injection. It has been recommended to irritate the patient by frequent sounding, but I oppose this practice; and it has also been advised to bleed the person previous to the operation, but I object to this; because, if the man should lose much blood during the operation, the effect which this hemorrhage would produce on the system, aided by the previous bleeding, would be that of lowering the constitution too much, and you would not have made an attempt towards a healthy restoration of the system, which is necessary.

It is very easy, if symptoms should afterwards arise, to use blood-letting, and you thus avoid the danger of the patient's losing too much. It is an important point in old persons, previously to make an accurate examination by the rectum; for if the lateral lobes only are much enlarged, and not the other parts of the gland, that enlargement would form no material objection to the operation, because the stone might be extracted without much difficulty. The patient's bowels having been freely emptied, and having been kept on a low diet, the general health being good, and having examined the state of the prostate by the rectum, I should proceed to the operation.

*The mode of securing the patient previous to the operation.*—This is a point of great importance, and I shall, therefore, now speak of the application of the bandage. The bandage used at this hospital, is a broad worsted tape; a noose is first made, which is passed over the wrist, and pulled tight, the ends are then brought down the palm of the hand, and the patient is directed to lay hold of the sole of his foot: the tapes are then crossed over the foot, and carried alternately round the ankle and hand, so that it is impossible for him to draw the one from the other; and the tape is lastly carried over the shoulder, and fastened to the tape coming from the opposite side. The next material point is to have the patient firmly held in this position, with his shoulder and back raised, and the thighs widely separated, so as to bring the external incision and the opening into the bladder into as straight a line as possible: by attention to which circumstances you may convey any instrument into

the bladder with the greatest readiness.

The staff should be now introduced, or if you are not much in the habit of introducing the staff, or seeing it frequently done, you may introduce it before the patient is bandaged. It is, however, just as well done after as before, by attending to the rules which I have before mentioned.

There has been lately introduced a *straight staff*,\* (but I always use the *curved staff*), and I will mention some of my objections to it. In the first place, there is great difficulty in introducing it in the enlarged state of the prostate gland; you would not be able to detect the situation of the stone so well with it; and, in the after steps of the operation, there is a further objection to it, which I shall describe presently.

I shall now explain the *operation*, as I usually perform it, and afterwards point out the other plans which are adopted. The instruments are, a grooved staff, a double-edged scalpel, a straight narrow knife, with a probe point, and a forceps. The staff is first introduced, and it should well fill the urethra, the larger the staff is, the better, as you have the advantage of a deeper groove. The staff is then firmly held by an assistant, and the bulb is made to project a very little toward the left side. I now take the double-edged scalpel, make an incision through the integuments and fascia of the perineum on the left side of the raphe, commencing it at the point just beneath the lower edge of the symphysis, at the place where the urethra begins to curve under the

arch of the pubes, and continue it downwards and outwards to opposite the middle of the anus, between it and the tuberosity of the ischium. If you begin your incision above the place I have mentioned, it cannot be of any service to you in extracting the stone. I next make an incision into the groove of the staff, as near as possible to its medium line, because I think the danger of hemorrhage from the transverse artery of the perineum or any other artery is less in proportion to the distance you are from its origin; as soon as I have laid open the urethra, and carried the knife into the groove, I introduce the nail of the fore-finger of my left hand, and satisfy myself that the knife is properly within the groove, although you may feel pretty confident of it, by the sensation produced in rubbing the knife in the staff; then incline the edge of the knife a little outwards, and carry it on nearly to the prostate gland, then I carry it down deeply into the perineum, in the direction of the first incision, to divide the deep muscles there as I withdraw the knife. I then lay aside the scalpel, and take the long straight knife, used by Sir ASTLEY COOPER, in my right hand, and take hold of the staff firmly with my left, introduce the beak fairly within the groove, and keep it well against the staff, and carry it onwards, following the curve of the staff, into the bladder. The knife having entered the bladder, I give the staff to an assistant to hold steadily in the same position, and introduce my finger on the surface of the rectum, under the point of the knife, which I can then feel in the bladder, and divide the prostate as I withdraw the knife in the direction of the former incision, let-

\* This is Mr. KAY's instrument.

ting its probe point press on my finger, which is at this time protecting the rectum from injury.

If I operate on a child, where the perineum is shallow, I introduce my finger into the bladder, and feel the stone, and then withdraw the staff, and introduce the forceps on the finger: But if the perineum is deep, I introduce the forceps with the blades a little open, and glide one blade along the groove of the staff, and it very readily finds its way into the bladder, and let it rest firmly on the stone, which you then grasp, by deliberately opening the blades of the forceps, and cautiously withdraw it.

*Points of importance* to be attended to in the operation, are, the *position* of the patient, a *steady assistant* to hold the staff, for if the person be nervous, his hand shakes, and you have great difficulty to find the opening you have made into the urethra, or in introducing the point of the knife, or the beak of the gorget. When you make your incision through the urethra into the groove, carry the *incision* onwards to as near the prostate as you can, especially when the gorget is to be used, you introduce the gorget as near the prostate as possible, and carry it onwards in the way I have described when operating with the knife, and make a free division of the neck of the bladder through the prostate; as it is better to have an opening of sufficient size to allow the stone to be extracted with readiness, and the section of a quarter or even of half of an inch of the gland more than might appear at first to be absolutely necessary is not of such great consequence.

I will now show you the *different instruments* which are used for

this operation—(these were placed on the table and shown to the class.) This knife was used by Sir ASTLEY when I was an apprentice with him, and he has told me that he has been as successful with it as any other instrument which he has used, but you know he is fond of variety, and therefore has used many others. It is the knife which I always employ.

Here is another knife, the only difference between this and the former, is, that the beak is placed a little on one side of the point, whereas in the other, it is placed directly in the middle line of the point. It is called BLIZARD'S knife.

As far as regards the operation by the *gorget*, the division of the deep muscles, and the first incision, are exactly the same as in the operation for the knife. The gorget used in this Hospital, is what is called Mr. CLINE'S gorget; a little alteration was made in it by Sir ASTLEY; he advised the cutting edge at the shoulder to be removed.

Another form of gorget is that used by Mr. MARTINEAU, of Norwich, who, I believe, has been the most successful operator for stone in this country. The gorget which he uses has two edges, but these edges are blunt, so that, when he pushes it through the prostate, he rather tears it asunder than cuts it. This, I believe, generally happens even when the cutting gorget is employed, and is a great objection to its use, as it does not allow of your getting out a large stone without considerable violence. The gorget should be passed exactly in the same direction as you would pass the knife, inclining its edge a little obliquely downwards in the line of the first incision; and keep the point up so as to bear well against

the staff as you carry it onwards. And it is of the greatest importance that the staff should be held forcibly against the pubes. In the operation, as it is performed by the gorget, you have not the same opportunity of introducing your finger to feel the stone as in the knife operation.

Here is another form of the knife, used by the French, it is called the *bistouri caché*; it is a slender knife which is fixed within a steel case, and you regulate the extent which you may wish the knife to reach by a screw in the handle. After you have introduced the knife, you touch a spring at the end, which immediately throws the blade out to the extent you had before set it, and then divide the prostate as you withdraw it. It is, on the whole, I think, a good instrument.

What induces me principally to prefer the use of the knife to any other instrument, was the frequent opportunities which I had at Brussels, after the battle of Waterloo, of operating on the dead subjects. I used all the instruments which are generally recommended, and afterwards examined, by dissection, the division which I had made of the parts. I found that the wound made in the perineum was not so large in diameter as the instrument which had been introduced, owing to the elasticity of the structure of the part; and I was so satisfied of the superiority of the knife to every other instrument, both in expedition and safety, that I determined to adopt it in any operations which I might, in after life, have to perform.

There is great violence necessary to be used in the introduction of the gorget, but not so with the knife.

There is an important objection that strikes me to the use of a knife which is pointed,\* which is, that the urine passes by its side, while the instrument is in the staff, and you may go farther with it than you might wish; but you cannot do so with a probe-pointed knife; for, when such knife is within the bladder, you could not go beyond it without very great violence. When your knife is slender, also, there is little danger of doing any injury to the neighbouring structures, and you use the finger to protect the deeper parts.

I believe this (Sir A. C.'s first described) to be the *best shaped knife you can employ*; and next to it is, I consider, the *bistouri caché*. I have operated with it in nine cases, and all of them have done well. One of the cases was even very unfavourable, for the patient was 70 years of age, with a great enlargement of the prostate, and the stone was very large. My reasons, then, for using this instrument are, that I do not go farther with it than I intended; that it is introduced with facility; that it makes a clean section of the gland; and that you regulate the extent of its course with precision.

The operation may be performed with the *straight staff*, as well as any other, in cases where the perineum is shallow, as in children; but in persons more advanced in life you would not find the same to apply. In the first place, when you commence the operation, the staff is held firmly up against the symphysis pubes; and, in adults, its extremity must certainly very much depress the prostate; and

\* This is the case when the knife is pointed.

there be any enlargement of the gland, it must separate that part from the neck of the bladder. Then, when you have made your first incision, you have to depress the handle of the staff, and bring the scrotum and penis into a right line with the perineum, and, I think, in the way of the operator. Nearly all operators, and especially CHESLIDEN, used the curved staff, and he does not describe any difficulty in introducing it: because it has been said, in favour of the straight one, that it is easier to introduce. But I believe the curved staff affords every facility which can be gained during the operation, and is more out of the way of the operator, independently of the much greater ease with which it may be introduced in cases of enlarged prostate.

*The after-treatment of the patient* consists merely in keeping him perfectly quiet; the knees should be tied together and raised, and the scrotum should also be supported, and the patient kept on his back. The diet should be low, and opiates should be given if necessary. Apply fomentations, immediately after the operation, to the belly, and continue them several days. This is done, in these Hospitals, by applying a bag of heated chamomile flowers, with a little spirit sprinkled over it, and which is generally productive of great comfort to the patient. We do not make any application to the perineum after the operation, but now and then a bit of lint dipped in oil. The urine is received on sponges, and the parts kept constantly clear; after six days the urine is discharged by the natural outlet. It generally happens in from five to seven days. If any hemorrhage

should occur after the operation, do not try to stop it by forcing up a plug of lint into the wound, but put your finger over the vessel for about ten or fifteen minutes, and the bleeding will stop; but if you plug up the external wound, the blood will find its way into the bladder, and the patient die. I have seen a case of this kind, therefore I wish to put you on your guard. I think, in all operations of importance, where there is a difference of opinion, the surgeon should ask himself how he would have the operation performed, provided he had to submit to it himself.

Mr. T. concluded by announcing, that he should describe the operation for stone in the female in his next lecture.

## MIDDLESEX HOSPITAL.

### *Continuation of the case of Martha Holliwel.*

Sept. 8th. To this case, which has been recorded in most of the volumes of our journal,\* we have at present but little addition to make, and that happily by the way of conclusion. Such unfavourable symptoms as presented themselves a few days subsequent to the operation were gradually mitigated, and soon entirely removed. At present her general health is tolerably good, and her appetite is equal to a person's in perfect health; her nights are comfortable, and her days spent agreeably. The stump looks remarkably well; the lower edges of the flap are now consolidated by healthy granulations, and the

\* Admitted Dec. 8th. The case may be found in Vol. I. pp. 380, 411, 436. Vol. II. pp. 27, 68, 102, 193, 263, 264. Vol. III. pp. 121 and 285.

upper portions have united, partly by the same process and partly by adhesion. She sits up occasionally; and from the progressive but rapid career of her convalescence, arising probably in a great measure from the original excellence and elasticity of her constitution, and from the great attention which has been and is still paid to her comfort, there can be no doubt that in the course of a very short period of time her removal will be effected.

But though the termination of the case is favourable, it might have been otherwise; and it is much to be lamented that the vanity or obstinacy of the patient should, to so distant a period, have protracted the cure, by a refusal to submit to a necessary, and, as the event has proved, an ultimately inevitable operation.

Since our last report of the case, she has been attended principally by Mr. JOHNSON, during the absence of Mr. BELL, whose patient she was, and by whom the operation was performed.

Robert Scott, *ætat.* 21, admitted August 10th, with an incised wound of the wrist, just over the lower head of the radius, extending from about the *pulmaris longus* on the inside, to the indicator on the outside, and by which the radial artery was divided as well as some anastomosing branches of the ulna. The radial artery was tied both above and below its division, the edges of the wound were then brought into contact, and secured by adhesive plaster. A compress was also placed over the wound, with a view of subduing any hæmorrhage that might arise from the smaller vessels. A considerable quantity of blood had been lost

previous to his admission. The means adopted appeared for the first day to have been successful in arresting the hæmorrhage, there being no more than a slight oozing of blood through the dressings. On the following day, however, the bleeding was again renewed, and with increased violence, the dressings were removed, and the wound and ligatures inspected, when it was found, that both the latter were securely attached to the artery, and the hæmorrhage appeared to arise principally from the returning vessels of the hand, the blood being for the most part venous, but at the same time partly arterial, and which latter seemed to be produced by some deep-seated vessel below the coagulum which had formed. Compresses were again resorted to, and appeared for a few hours to have succeeded, they were, however, again ineffectual, again and again removed, on the return of the hæmorrhage, and as often renewed. The tourniquet was in the mean time frequently employed—the patient's strength at last began to give way, and on the 18th, being seven days from the accident, upon examination of the wound, it appeared to have put on the first stage of gangrenous inflammation, and on removing the clot of blood, ulceration was found to have taken place in the joint of the limb, from the constant application of tight compresses and the tourniquet, and it was also becoming œdematous. Nor did it appear probable, under all the circumstances, that the hæmorrhage would be ultimately arrested, the radial artery was already tied, but the bleeding continued, and had a ligature been placed around the ulnar also, the result would

probably have been the same.— Under these circumstances, the limb was this day removed about four inches from the elbow joint; the operation was performed in the usual manner, and, consequently, need not be described. Three arteries were subsequently tied. In the evening after the operation, his pulse was 110, and wiry, there was no oozing of blood from the stump, and the patient felt more comfortable.

19th. Pulse 120, very wiry; tongue clean; skin hot and dry; has little pain in the stump, which, however, feels extremely hot; cold lotion is constantly applied to the part: is thirsty; he had an opiate last evening, and passed a better night than any previously; he now takes the following draughts.

*R. Liq. Ammon. Acet. ʒiv.*

*Aqua Distillata ʒiss. fiat haustus ter die sumendus.*

20. Thirsty; skin hot and dry; Pulse 110, rather full; passed a good night, and was free from pain; to day he has a little throbbing in the stump, which feels warm, and is covered with cold lotion. There has been no hemorrhage; his bowels are open.

*R. Magnesia Sulphatis ʒj. ex. Infusi Rosæ ʒiss. ter die.*

21st. Pulse 100, wiry; tongue tolerably clean; skin hot and dry; has passed a tolerable night, but has had a little starting of the stump. Bowels not open. A dose of house medicine was given him, which procured copious stools. According to the report of a relation, who sat up with him, he was somewhat delirious last night. To-day his countenance is anxious.

22d. Pulse about 100, softer; skin more natural; bowels open; appetite improving; has no pain

in the stump, which was again dressed to-day. Very little adhesion has taken place, but it looks well; discharge of an extremely azotic odour. Beef tea allowed him.

23rd. Pulse about 90, rather wiry; tongue clean; skin more natural; bowels regular; passed a good night, and has but little pain in the stump. One of the ligatures came away to-day. Appetite improved.

24th. Pulse 90; tongue clean; bowels open.

*R. Infus. Gentianæ*

*Mist. Camphoræ aa ʒj. ter die sumend.*

26th. Pulse 120, and full; bowels open; skin covered with a copious perspiration; tongue clean; appetite improved.

29th. Pulse 120, wiry and jerking; skin very hot and dry; bowels open; tongue tolerably clean; stump looked well, but a considerable retraction of the muscles has taken place, by which the end of the divided ulna is brought nearly on a level with the surrounding integuments. He has occasional darting pains in the stump. His appetite is tolerably good. Edematous swelling of the left leg has however presented itself as an unfavourable symptom, and the patient is restless and oppressed with anxiety. An opiate was given him at night.

31st. Had several distinct rigors this morning. Pulse 150; skin hot and dry; tongue loaded; countenance unfavourable; anxiety and depression of spirits; forebodings of a fatal issue.

*R. Pulv. Ipecac. Co. gr. x. Aqua somni.*

*R. Liq. Ammon. Acet. ʒiv.*

*Sp. Ether. Nit. ʒss.*

*Mist. Campher. ʒj. ʒiiss.*

Sept. 1st. Had another rigor this morning; pulse 120, weak and wiry; skin hot and dry; tongue tolerably clean; bowels open twice during the night; no return of the rigor. A little wine was allowed him. Towards evening he was covered with a cold perspiration, but had no return of the rigors. Countenance unfavourable.

2nd. Pulse about 100, softer; skin covered with a cold perspiration; oedema of the leg diminished; tongue dry; complains of thirst; bowels not open; had another rigor at 2 o'clock p. m., which lasted half an hour; passed a tolerably good night; oppression and pain in the chest.

R. Pil. Hyd. gr. iv.

Pulv. Scillæ gr. j.

Opii gr. j. fiat pilula h. s. sumend.

Mixture and wine continued.

3rd. Has passed a restless and unquiet night, with occasional delirium; pulse 136, wiry and small; countenance pallid and unfavourable; tongue dry, and covered with a brownish yellow crust; oppression of the chest, with profuse cold sweats. *Emp. cantharidis sterno*. Has not had a return of the rigors to-day; stump discharges an unhealthy, thin ichor; has less pain in the oedematous leg.

R. Sulphatis Quinina gr. j.

Acid. Sulph. Dil. gt. j.

Aq. Distillata 3j. 3tiss horis.

Wine discontinued, and soda water and lemon juice substituted.

4th. Pulse frequent and weak, 120 or 130; countenance vacant; bowels open twice last night; has not had a return of the rigors; tongue brown and dry; has passed a very restless night, and is fast sinking.—6 p. m. Pulse 150, weak and fluttering; vacancy of counte-

nance, and delirium. Some bottled porter was ordered him in the morning, of which however he took but one glass.

Died at half-past 11 p. m.

The body was cursorily examined, when there were found, about a pint of fluid on the left side of the chest, tubercles in the lungs, but not in a state of suppuration. The intestines were less vascular than usual.

The other cases must stand over till our next.

## WESTMINSTER HOSPITAL.

### Continuation of the case of Edward Pomer.\*

Wednesday, Sept. 1.—The patient appears on the whole rather better. The line of separation between the sound and mortified parts is plainly marked, where the integuments were lacerated. The pulse 110, feeble and intermitting; bowels open; tongue furred.

2d. At 11 o'clock, a. m. the

\* In noticing the operation upon this case, (Vol. IV. No. 10, p. 117,) performed by Mr. GUTHRIE, we undesignedly committed an error, which, now we are better informed, we beg leave to correct.

We stated that the anterior tibial artery was wounded in the operation, and then secured by a ligature, whilst in point of fact (as Mr. GUTHRIE himself stated at the Hospital this morning,) that artery was wounded by the fall of the stone, when the accident occurred. As the bleeding from the artery had been stopped by coagulated blood, it was necessary to remove that coagulum, in order to secure the vessel, which was accordingly done; of course the blood was immediately thrown out from the artery, and it was owing to this circumstance that the mistake occurred; the sudden gush of blood leading us to suppose that the artery had been wounded, when, in truth, only the coagulum was removed.



symptoms were worse than on the afternoon previous. The pulse was at this time beating at 100 strokes in a minute, very weak and irregular. The delirious manner noticed on Monday had returned, and the tongue was much furred.

*R. Conf. Aromat. 3i.*

*Meschi. gr. vi.*

*Sp. Lavand. 3i.*

*Tr. Opii. m. xxv.*

*Mist. Camph. 3iss.---M. ft. haust. stat. sumend.*

An aperient draught, composed of Infus. Sennæ 3iss. Magnes. Sulph. 3ij. was administered about twelve.

4, P. M. The patient is at this time rather worse than in the morning. A hiccough, frequent and distressing, came on about three. Pulse 90, very weak and intermitting; in other respects he is the same as in the morning.

*R. Conf. Aromat. 3i.*

*Mist. Salin. 3ij.*

*Sp. Lavand. 3i.*

*Tr. Opii. m. vi. ft. haust. 4ta quaque hora sumendus.*

3d. Rather better than on yesterday afternoon. The hiccough still continues, although less frequent and violent. Tongue much

furred, and covered with a brownish crust in the middle. A little delirium is still manifest. Pulse 90, and intermitting.---Continue the draughts as yesterday.

4th. The hiccough left him last night, at ten, P. M. The pulse is 85, and rather more regular. The draughts are continued, and wine is ordered to be taken, in the quantity of four ounces daily.

5th. The patient appears much the same as yesterday. A nourishing diet, and a small quantity of brandy, are given in addition to the wine.

6th. To-day the pulse is so extremely weak that it cannot be distinctly felt, but beats about 96 strokes in a minute. The patient rested pretty well in the night, and complains of pain above the line of separation in the leg. Bowels quite open; great debility is manifested; tongue much furred, and the delirium has quite disappeared, though a heaviness in the eyes and countenance still remains.

We should have stated, that the foot has been dressed with a poultice of linseed meal since the tendency to gangrene first showed itself.

**ST. THOMAS'S HOSPITAL.**—Sir ASTLEY COOPER and Mr. GREEN will begin their Course of ANATOMICAL and SURGICAL LECTURES on Friday October 1st, at Two o'Clock.—ANATOMICAL DEMONSTRATIONS, by Mr. B. B. COOPER and Mr. JOHN F. SOUTH.

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\* Mr. Taylor is a Member of the Royal College of Surgeons.

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# THE LANCET.

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## SURGICAL LECTURES.

*Theatre, St. Thomas's Hospital.*

### LECTURE 74.

#### *On Compound Fracture.*

On Thursday, after some operations had been performed at the theatre of Guy's Hospital, Sir ASTLEY presented himself to the pupils, and said, that he intended to take advantage of the present opportunity of their being together to make some remarks on compound fracture; to describe the mode in which these fractures are united, and to detail their treatment under common and under adverse circumstances.

A *Compound Fracture* is that in which there is an external wound communicating with the broken extremities of the bone. Large wounds may occur at the same time with fractures, but unless these communicate with the bone they are not compound fractures. The

mode of union of the fracture is

blood, which in simple fracture becomes absorbed. The effect this injury produces on the constitution is to set up a violent reaction so as to bring about a restoration of the injured part. The degree of this effort of the system will very much depend on the manner in which the accident is treated, and I should say, that it was an important injury or otherwise according to the plan of treatment which is pursued. For if you are careful in the management of the case, you may procure adhesion of the external wound and thus reduce the accident to the state of a simple fracture. The mode of union is ultimately the same, but in one kind of injury osseous matter is deposited in cartilage without a reparative process, and in the other with. If you do not procure an union by adhesion, it is brought about by granulation, and in the following way:—The blood which is at first poured out in consequence of the division of the vessels of the medullary membrane and the periosteum, instead of being confined in the surrounding structures, passes off by

the external wound; yet it must be remembered that this effused blood has no share in producing union of the ends of the bone, as it becomes after a few days entirely absorbed. Next, there is a fluid poured out between the periosteum and bone, which separates the periosteum from the surface of the bone for about an inch or an inch and half beyond the place where the bone is fractured. This fluid does not cause a laceration of the vessels of the periosteum but rather an elongation of them. Now here is the difference between the simple and compound fracture, for in the former this fluid after accumulating for a day or two becomes in a great measure taken up by the absorbents, and adhesive matter is poured out in its stead; but in the latter a suppurative process is established and granulations arise from the broken surfaces. In these granulations cartilage becomes deposited and continues to be formed for some time; the discharge of pus gradually diminishes, and in compound fracture cartilage continues to be formed until about the twentieth day. It is deposited between the internal surface of the periosteum and the external surface of the bone. At the place where the bones are brought into contact, the periosteum becomes absorbed and

cartilage is deposited between them, in which patches of bony matter are formed, and these when completed are covered by an extension of the original periosteum.

*The Cause of Non-union of Fractures* is the remaining of the periosteum; for if the fractured ends are not brought into contact, the periosteum is not absorbed, the cartilage that forms does not cover the extremities of the bones, and the protruding portions are removed by the absorbents, so that the process of union only goes on in these surfaces of bone which are lying in contact.

Under the granulations arising from the cancellated structure cartilage is also found, and about the twelfth day in simple, and from the seventeenth to the twentieth day in compound fracture, there are bony patches deposited in the cartilage; it is by the accumulation of these patches that ossific union gradually takes place. A compound fracture is necessarily slower in its progress towards recovery from the causes just explained than a simple fracture; and the union is frequently retarded by exfoliations of bone which will often take up a tedious time to separate, and keep up considerable constitutional irritation. *Three months* may be considered a short time for the union

of a compound fracture to take place; sometimes the accident is not recovered from in nine months, and occasionally not even in twelve.

I shall now proceed to speak of their *Treatment under common circumstances.*

Reduce the bones as speedily as you can, and this may be very easily done by relaxing the muscles acting upon the limb. Bring them as neatly into apposition as possible, and if there be slight hemorrhage do not be searching for a small vessel, but place a little lint over the wound, and by making gentle pressure on it you may easily suppress the hemorrhage. I shall have some further remarks to make on this subject when speaking of the difficulties sometimes attending these accidents. Next bring the integuments as neatly over the parts as you can, and dip a doesel of lint in the blood, and put it on the surface of the wound, which irritates the least of any application I know of, and appears to approach the nearest of any other to the natural covering of the parts. In this way the wound unites by the adhesive process, and the union of the bone goes on as in simple fracture, and is cured in one fourth part of the time which would be required if the wound were allowed to be filled by granulations. This being the

principal object, you should always aim at it, unless the fracture be accompanied with severe contusion of the soft parts, when you must apply a poultice in order to facilitate the discharge from the wound, and promote the separation of the parts to be removed. As, for example, a wound caused by a heavy body passing over the limb; the parts must slough and therefore it would be useless to attempt to procure an union by adhesion. If the wound communicating with the fracture be caused by the ends of the bone or any sharp instrument, you may generally succeed in procuring an adhesion. But do not apply adhesive plaster, as it produces frequently erysipelas on the edge of the wound; and on this account I have latterly put a bit of lint on the edges of the wound after extirpating the female breast and the adhesive plaster over it. Then apply the many-tailed bandage loosely, so that it may give way to the tension that follows; you should also apply some evaporating lotion, and the material of which the bandage is made is a very good thing for retaining the fluid for the purpose.

Splints should afterwards be put on; those made of wood are the best, and one should be put on each side the limb. Do not apply the splints tightly at first, so as to

cause pain, but see that they are well padded, and the bones nicely adjusted. In a few days it often happens that inflammation arises, and a discharge of pus follows, when the lint which was at first applied should be partly removed, and the matter allowed to discharge. If the matter should be small in quantity, after you have let it out replace the lint carefully, and do not apply a poultice, but continue the use of the cold wash. If, on the other hand, the discharge of matter be considerable, or if it be a contused wound, with a tendency to slough, then you should apply fomentations and poultices, and heal the wound by a granulating process.

The position of the limb may be just the same as in simple fracture; with this exception, that if the suppurative process should be set up, the wound will require dressing, and therefore it will be necessary to have the limb in a convenient position for that purpose.

If the *leg* be fractured, it should be bent and laid on its outer side, for if it rest on the heel then the fractured part is without support, and it requires very great attention to prevent deformity of the limb. If, while the leg is lying on its side, you allow the toe to fall, the foot becomes everted, and

the patient seldom recovers a useful limb.

If the fracture is in the *thigh*, it should be placed over a double inclined plane, with a splint on each side, that on the outside should reach from the trochanter beyond the knee; and both in this and the former fracture you should keep the ball of the great toe in a line with the inner side of the patella. I do not like the extended position of the limb, because the muscles are put upon the stretch, and there is danger of a shortening of the limb ensuing. This was the practice about fifty years ago. The lateral position of the limb, as was recommended by Mr. POTT, I also object to, for two reasons; the *first* is, that it is almost impossible to keep the toe from falling, the consequence is that the foot is turned out, and I have seen several patients treated by Mr. POTT for this accident who had this deformity; the *second* objection to the practice is, that the limb, from being kept long in the extended position, causes the motion of the knee joint to be very much diminished, and there is great difficulty subsequently in restoring it.

In compound fracture of the *humerus*, let the arm hang by the side, with the fore-arm and hand very slightly supported in a sling.

so that its weight may not be entirely taken off the humerus, for it will tend materially to preserve the apposition of the ends of the bone. Do not keep the patient in bed, for in the recumbent posture the arm is generally placed across the chest, the arm is put on the twist, and the fracture unites badly.

A compound fracture of the *femur* generally does better than a compound fracture of the leg, because the bone is so much surrounded by muscle that the wound made is much more easily closed, and is not therefore followed by the same degree of suppuration.

The humerus generally does well when fractured, on the same account. The worst cases are those of the fore-arm and leg, from inflammation and sloughing of the tendons in the one, and the superficial nature of the covering of the bone in the other.

The *constitutional treatment* required in these accidents will be regulated by the force of the symptoms, but there are a few circumstances which I consider important for you to become acquainted with. If the patient be young and plethoric, take blood from the arm sufficient to allay the constitutional suffering, but do not give purgatives, as they very much disturb the patient, and add to the

irritation by the necessity which there is of his being frequently moved. Nothing is so bad in the treatment of compound fracture as the frequent changing of the positions and dressings of the patient: it is a state of rest which is necessary for the recovery of the parts, and therefore the less they are disturbed the better. Give opium to quiet the irritation, and give also at the same time the saline mixture, with the liquor antim. tartarizat. to keep up the secretion on the skin.

I shall next speak of the *difficulties sometimes met with in the treatment* of these accidents; and first, of the difficulty which now and then exists in the *reduction* of the bone, which occasionally arises from a portion of skin being nipped under the projecting extremity of the bone. When you try to extend the limb, you find you cannot bring the skin into its place. If this projecting portion of bone be not large, make an incision through the integuments, and turn them on one side sufficiently to reduce the bone, and afterwards unite the parts by the adhesive process.

When you experience any difficulty in the reduction of a *fracture* which is very *oblique*, do not divide the integuments, as the probabilities are that the periosteum

has been injured on the exposed bone, and that it would afterwards separate by a tedious process of exfoliation; the vitality of the part is very low, and the wound necessary to be made to replace the bone would be a large one. But what I advise you to do is, to saw off the sharp projections of bone at the extremities of the fractured portions, and then carefully replace the bone in its proper situation. The muscles will draw the ends of the bone together, even if it be shortened. Do not adopt this practice, however, where there are two bones and one is not fractured, for if the broken or the sawn surfaces be not brought into contact no ossific union can take place. I know that some cases have been published, by a very ingenious surgeon, in which it was supposed that ossific union had taken place between the separated portions of the tibia; but I think that this union was effected by a tough ligamentous-cartilaginous material, and not by bone.

If the bone be very much shattered, and several pieces of bone be detached, and loose, remove them, but with the greatest degree of care, so as to avoid irritating the wound more than is absolutely necessary. If these portions of bone be not removed, they will produce excessive

irritation in the wound, and will very much retard the healing of the wound by frequent exfoliations. But if the pieces be large, do not detach them, for if they be connected by periosteum they will again unite; or if there be one large piece, and the periosteum on it is entire, let it remain.

Compound fractures are often attended with *hemorrhage from large arteries*, which have been wounded by the broken extremities of the bone. It was formerly the practice to amputate in these accidents whenever any vessel of importance was wounded, under the supposition that the injury could not be repaired, and that gangrene would in all probability happen. But I have seen so many limbs saved, even when the principal artery going to the limb has been torn, that I am induced by experience to adopt a different plan. I will just give you a table of some of these cases and mention their results. Sometimes the anterior tibial artery is torn through. In a case which I perfectly recollect, the vessel was taken up by a tenaculum and secured, and the patient did very well. In one case where the posterior tibial artery was wounded it was secured by ligature and the patient also did well. But in another case of the same kind the man



died, but the hemorrhage was stopped by pressing a piece of lint into the wound and the artery was not tied.

The introduction of extraneous bodies into the wound to suppress hemorrhage is wrong in compound fracture, as they produce too much irritation and do not effectually answer the proposed object. It is better in some cases, in which you have great difficulty to secure the vessel at the wound, not to be twitching and pulling and continually irritating the wound, and frequently to little purpose, but to cut down at once on the artery, in its course to the part. If, for example, the posterior tibial artery should be wounded just below the middle of the leg, where it is deeply covered by muscle, it should be cut down upon, higher up, and secured. Mr. Hey sawed through the fibula to get at the posterior tibial from the outer part of the leg; but I should recommend it to be secured from the inner side of the leg by making an incision between the gastrocnemii and the tibia, and then cutting through the fascia covering the deep muscles.

I have only known one instance of the femoral artery being divided in compound fracture, and I thought it right to amputate immediately; the hemorrhage was but slight, but

as the artery and vein were both torn through I considered there was very little chance of saving the limb.

In two cases of division of the brachial artery by fracture, amputation became necessary. In one of these cases I amputated even whilst the gangrene which had taken place in the lower part of the arm was extending, but as this arose only from local injury, the patient did perfectly well.

I shall not have time to-day to go through the difficulties which yet remain to be described in the treatment of these accidents, and I shall therefore leave them until we next meet; of which time, however, I will give you proper notice.

## REVIEW.

*Observations on the History and Treatment of the Ophthalmia accompanying the Secondary Forms of Lues Venerea. By THOMAS HAYSON, Esq. Surgeon to the Meath Hospital and County of Dublin Infirmary, &c., &c., 8vo. pp. 117. London, 1824.*

The diseases of the eye have of late years, both in this country and on the continent, received a considerable share of attention from well-educated surgeons, and the consequence is, that at no former period have these affections been so well

understood as they are at present. The various complaints of the eye used to be exclusively confined to the care and management of certain individuals who styled themselves "oculists," and were not supposed to belong to the province of the general surgeon. Some of these individuals in their generations acquired great notoriety, and many, we have no doubt, also acquired great skill in the performance of those operations which required little else than manual dexterity to enable them to operate with success, but with very few exceptions it is to men who have made disease in general their study that we are indebted for all that has been done towards the improvement of this branch of medical or surgical science. The reason of this is obvious:—if the eye were an organ independent of the other organs of the body, and the diseases attacking it of a totally different nature from those which attack other parts, then might the oculist have some claim to a knowledge of their nature and treatment superior to that possessed by the generality of surgeons. But, on the contrary, as the diseases of the eye are in a large proportion of cases intimately connected with constitutional derangement, and require to be treated on the same general principles as other complaints, it will be found that he whose observation of disease has been most extended and accurate, and who has acquired the greatest precision in the use of remedies for its relief, is the individual best fitted by his habits and experience to elucidate the diseases of any particular organ. This assertion holds good as far as it relates to a knowledge of the diseases of the

eye, and the employment of means for their cure, with the exception of operations, the performance of which depends on manual skill for there can be little doubt that WENZEL could extract a cataract as well as any surgeon of the present day. Whilst manual dexterity, however, is within the reach of every surgeon who will take the pains to acquire it, the oculist can never be depended on as a safe and judicious practitioner, as long as he deprives himself of the assistance to be derived from a knowledge of disease in general, and for this reason we wish to see the complaint of the eye form a part of the education of every surgeon.

The subject of the volume before us is on inflammation of the eye frequently occurring after syphilis and commonly known by the name of "syphilitic iritis," for which our author substitutes that of "venereal ophthalmia." We must object to *limine* to the term *Venereal Ophthalmia* on account of its vagueness, and because it conveys to a person unacquainted with the disease no idea of its real seat, whereas *Iritis* recalls to the mind the particular part in fault, and if it can be proved to have arisen from the action of the venereal poison, call it *Syphilitic Iritis*. But Mr HENSON says, "this term would seem to limit the disease to the iris," and moreover adds, "that it gives an inadequate idea of a complicated series of symptoms." When any part of the eye is inflamed after syphilis, and supposed to be produced by it, the iris is the membrane generally affected, or at least at its commencement, and that is the reason why the complaint is called *Syphilitic Iritis*; and for this name giving an adequate idea of a com-

plicated series of symptoms, our comprehension is so dull as not to perceive how a more adequate idea could be afforded by giving to the complaint a name which is so indefinite that it does not even allude to the part affected, except in common with every other part of the eye, whether in an unsound state or not. No term by which a disease is called, however correct, can give an accurate idea of its symptoms, unless a person is previously made acquainted with them either from observation, reading, or oral instruction, but a vague appellation to a complaint may, for the time, mislead those really conversant with it, and create in the minds of the uninformed false conceptions respecting its nature and treatment. For instance, *Venereal Ophthalmia* means an inflammation of the eye occurring after syphilis, venereal ophthalmia (iritis) is only to be cured by mercury. A person might, just after an attack of syphilis, have a slight inflammation of the conjunctiva, requiring only very simple means for its removal; allow the term Venereal Ophthalmia, what would be the inference drawn by a person unacquainted with the complaint respecting its treatment. Here is inflammation of the eye (of what part?) occurring after syphilis, consequently it is venereal ophthalmia; venereal ophthalmia is only to be cured by mercury, therefore mercury is to be given. This would be the chain of reasoning in the mind of a person adopting Mr. Hawson's term, and if acted upon in practice, in such a case as one alluded to, we need scarcely say what would be the result. Mr. Hawson, in answer to my objection, may ask how inflammation can possibly arise, when the eye is laid

down with care the symptoms of venereal ophthalmia, which will be found not to include those of simple inflammation of the conjunctiva alone? if so, we reply, why use a name which implies that an affection of this as well as other parts may be a consequence of syphilis when they really never are. To return from the digression into which we have been led, the work before us is a treatise on syphilitic iritis, and the main object of it is to show the importance of distinguishing between inflammation of the iris which arises from, or, to avoid all dispute, after syphilis, and that which is idiopathic and not depending either on a syphilitic or mercurial action, a point which we do not conceive to be of much importance, as we shall presently have occasion to observe when speaking of the treatment of this complaint. The symptoms of iritis in the mild form are an unpleasant sensation about the eye, slight intolerance of light, dimness of the humours, a zone of red vessels round the cornea, and a change of colour in the iris itself; when the complaint is of a more severe nature, in addition to the above symptoms, there is considerable pain in the superciliary ridge, and frequently throughout the whole of the head, inflammation of the conjunctival and sclerotic coats, adhesions of the iris to the capsule of the lens, and consequently an inverted and puckered state of the pupillary margin, tubercles of lymph on some parts of the iris, pain in the globe of the eye, and dimness of sight; the general health also suffers in proportion. The complaint may be either in the mild or severe form at the commencement; if it be mild it may be easily removed, but if neg-

lected it soon runs into the second stage. If the disease begins in the severe form, the chance of cure is lessened unless attacked early, and it frequently comes on after syphilis; in this case it is generally accompanied with some eruptions on the skin of the papular or scaly kind, and pains of the limb which are of an intermitting character. The great difference, however, in syphilitic and idiopathic iritis consists in the degree of severity with which the former comes on, and the quickness with which it proceeds to the effusion of adhesive matter; and this may be easily explained by the greater degree of constitutional derangement which exists or has existed, without seeking for the cause in the action of the venereal virus. Some people have an irresistible propensity to account for simple phenomena by hidden and mysterious causes, or if they be at all involved in obscurity to add to the difficulty of the question by a still more difficult explanation; to solve the *ignotum per ignotius* appears to be their chief delight; and of this error, or rather bad taste, Mr. HEWSON has been guilty. Idiopathic iritis is generally mild, because it often occurs in persons whose constitutions have not been broken up or health deranged by previous disease or long courses of medicine; but the syphilitic iritis arises after a complaint that disorders the health in no slight degree, and after medicine which always leaves the body in an irritable state. Now if Mr. HEWSON had recollected these simple circumstances, the severity of the syphilitic iritis might have been readily accounted for without entering into any controversial disputes on the syphilitic or mercurial

actions contributing to produce it. In one part our author has the following observations on this very point, without its ever having occurred to him that the state of the constitution might in some degree contribute towards the difference between syphilitic and idiopathic iritis.

"Some facts have led me to believe, that where the constitutional symptoms are most distinctly and strongly marked, and are attended with most general disturbance, in the same proportion will those attending the ophthalmia be violent and severe; and, on the other hand, where the former are few, and feebly developed, so will the latter be slow and insidious in its progress, and mild in its symptoms." P. 24.

As Mr. HEWSON has laid considerable stress on the necessity of distinguishing between idiopathic iritis and that which occurs after syphilis, a person is naturally led to suppose that the one requires a mode of treatment different from the other; and this supposition is our author's justification for dwelling on this point. Our experience, however, is at complete variance with Mr. HEWSON's opinion on this subject, for we have found all forms of iritis yield to the constitutional use of mercury; and finding this medicine a sufficient remedy for the cure of the complaint, we see no reason for giving up a safe and certain measure for others which are uncertain, and therefore dangerous, just in proportion as their efficacy is not to be depended on. On this subject we find the following observations:

"Before concluding, I cannot avoid alluding to a point on which I am compelled to differ from Mr. HEWSON."

"On the treatment of Iritis, in Surgical Diseases, by J. Cooper, and R. Thompson, part I. page 78."

namely, 'that all forms of Iritis, whether primary or secondary, simple or specific, require the constitutional use of mercury for their cure without exception.' It appears to me, on the other hand, from the effects that I almost daily see attending it, that the constitutional use of mercury should in general be confined within as narrow and as precise limits as possible; and with respect to the class of affections to which the preceding remark refers, I believe that there are many amongst them in which the constitutional use of mercury might with great advantage be dispensed with. For example, a considerable number of cases of idiopathic Iritis are found to depend on a disturbed state of the digestive organs; and where this is observed, mercury will be most useful when given only in such combinations, and to such an extent, as is calculated to restore these organs to their healthy functions. Many cases, also, of Iritis are connected with some morbid excitement or action about the brain or its membranes; and here, likewise, other remedies and modes of treatment must be adopted besides the constitutional use of mercury, which would oftener, perhaps, be more likely to do injury than service. The practice which I have long thought to be most prudent, and have found to be most satisfactory, is to confine the constitutional use of mercury, in a great measure to cases truly syphilitic, and in all others to employ it for the most part only as an adjunct with other remedies, and principally directing its action to the gastric organs." P. 63.

In this quotation two points are laid down; first, that the constitutional use of mercury should in general be confined within as narrow and as precise limits as possible; and, secondly, that most cases of idiopathic Iritis may be cured without mercury. With respect to what is stated respecting the care and precision required in the use of mercury we entirely agree, and are perfectly aware that no medicine has been so indiscriminately employed. But admitting some of the cases enumerated in this

volume, we are sorry to see that the use of mercury was not confined by Mr. HAWSON within as narrow limits as it might have been. The following case, we think, may serve as a pretty good illustration of this:

"Dec. 24th, 1813. Mary Goulding, a widow, aged 27, complains of acute lancinating pain in the ball of the right eye, and considerable redness of the conjunctiva. There appears considerable external inflammation; the aqueous humour is very turbid, and the pupil can be but indistinctly seen, and is irregular and inverted at its inferior margin, where a small round whitish tubercle is observed attached to it, and which projects into the opening of the pupil. There is a copious flow of tears, and she cannot bear the admission of the weakest light. A papular eruption appears about the face, forehead, shoulders, and limbs; has severe headaches, pains, and weakness in the limbs, and night sweats. On the 24th of last June, she took a child to nurse, which was covered with an eruption, and had sore lips; it lived only a few nights. A small sore remained on the side of the nipple, which she found difficult to heal. In about six weeks or two months after, she began to lose her health, and to suffer from pain about the limbs, and night sweats. To these succeeded the eruption, and the eye has been affected for about three weeks. Ordered pills and frictions.

"Jan. 6d, 1814. Symptoms about the eye considerably relieved; the approach of light gives no pain; the pupil comes clearly into view, and there is but little trace of the tubercle that was attached to it; vision improved; constitutional symptoms less troublesome; mouth slightly affected. Medicines to be continued.

"January 10th. Eye completely recovered; pupil has resumed its natural shape and appearance; has now very useful sight in the eye, but not quite so good as formerly; constitutional symptoms have almost disappeared; pyalism has been pretty severe for the last ten days. Treatment afterwards continued, to secure the constitution." P. 70.

The length of time the mercury

was continued is not stated, nor against what fiend the constitution was to be secured is not said; but there is another case given at page 95, where the mercury was exhibited from the 3d of February to the 14th of March, and afterwards continued for the removal of the constitutional symptoms. In these cases there does not appear to have been any necessity for the quantity of mercury that was taken.

As far as regards the practicability of curing idiopathic iritis without mercury, we will not go so far as to say that it may not be done, but extensive observation has demonstrated that mercury is a certain, and if properly administered a safe, remedy; therefore we see no reason for trying any other, whose efficiency is not to be relied on. Mr. HEWSON himself uses mercury in idiopathic iritis, with a view only to restore the secretions. The beneficial effects of mercury in iritis may arise from its action on the secretions, but certain it is that every form of iritis will yield to its use. Where mercury has been exhibited in large quantities just before the iritis comes on, great care and management will be required in its employment for the cure of iritis; and this point, which is of the greatest importance, has been totally overlooked by our author. No circumstance in the treatment of iritis requires greater attention than this; "in cases where age," says a writer on this subject, "or the existence of other diseases, or the already excessive use of mercury has greatly enfeebled the powers of the system, it must be used, if ventured upon at all, very sparingly, or with intermissions, and the system must be supported by every admissible

means, both of nourishment and medicine, during its employment."\* The mode in which the mercury is generally administered for the cure of iritis is in the form of pills or powders, composed of three grains of calomel and a third of a grain of opium, and this is given twice or three times a day, according to the severity of the complaint. Mercurial frictions are sometimes substituted for the internal exhibition of this medicine; local depletion is not often required. The extract of belladonna is now generally employed in all stages of this complaint, and with the most decided advantage; speaking of this, Mr. H. says,—

"The solution of the extract of belladonna is recommended, and very much preferred, in all stages of the disease, if used whilst the inflammation is in any degree of activity, to create very uneasy sensations about the entire eye. I think, therefore, that it should not be resorted to until the acute symptoms are in some measure on the decline." P. 62.

The disadvantage attending the use of belladonna, as mentioned by Mr. HEWSON, is not to be compared with the benefit it produces. The common consequence of iritis is adhesion of the iris to the capsule of the lens, occasioning corresponding opacities of the capsule; suppose that the adhesions take place in a contracted state of the pupil, what will be the result when the inflammation subsides—a small fixed irregular pupil and obstructed vision; whereas if the belladonna had been used the adhesions would have formed in a dilated state of the pupil, and the vision ultimately be much less impaired than the consequences of iritis.

\* *Practical Treatise on the Eye*, p. 232.

when it is improperly managed, are, closure of the pupil; and occasionally, though seldom, the formation of an abscess in the deeper seated parts which generally terminates in the destruction of the organ. It is very common, after the disappearance of the tubercles of lymph, to see a fissure or cicatrix in that part of the iris where they have been situated. Iritis in the mild form may be overlooked by a practitioner, but there are few diseases with which it may be confounded.

We must confess that the volume before us does not answer our expectations; we know the author to be a well-informed surgeon, and that his opportunities of observing disease have been numerous and extended, and therefore had anticipated from his pen a meritorious production. But we find in the work little that has not been stated by others, and even that not expressed in the best manner. Accompanying the work there are some coloured engravings by Mr. STEWART, which, like most performances from this artist, are well done, with the exception that the colouring is a little too high.

in consequence of a fall—and observations on rupture of the heart, by M. A. L. J. BAYLE.

*Diseases observed at the Hotel Dieu, in the Clinical Wards of Professor RECAMIER, in the months of April, May, and June, of this year; by L. MARTINET.*

During this quarter there have been no complaints which could be regarded as epidemic, and, if we except the cases of peripneumonia which attacked almost exclusively the men in the month of April, no one organ has been particularly affected; indeed, the patients admitted laboured under affections of the brain, chest, and abdomen: thus, there were cases of cerebral affection, among which an hydatid of the brain was observed; pulmonary catarrhs, chiefly chronic; of phthisis, organic diseases of the heart, inflammations of the stomach and intestines; cancers of the stomach, rectum, and uterus; metritis, rather a large number of chronic rheumatisms, a few cutaneous inflammations, and several other diseases which only occurred once, and which are marked in the table below. The acute complaints were nearly in the same proportion as the chronic, fifty of the former to forty-eight of the latter; and the mortality just the same, being eleven of the first to ten of the second.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

#### REVUE MEDICALE.—JULY.

The most interesting articles in this Number are—Report of the diseases observed in the clinical wards of Professor RECAMIER, at the Hotel Dieu, during the second quarter of this year—Reflections on a cyst developed in the brain,

#### REPORT.

Fever	2
Inflammation of the Cerebellum	1
Softening of the Cerebrum	2
Hydatid of the Cerebrum	1
Epilepsy	1
Paraplegia	1
Pulmonary Catarrhs	12
Peripneumonias	12

Asthma	1	was recognised by Professor LA-
Phthisis	3	CUNNIE to belong to the <i>acepha-</i>
Diseases of the Heart	5	<i>loegstic</i> kind. Besides the hydatid
Feverish Colds	4	had a second covering, furnished
Gastritis and Gastro Enteritis	6	by the brain, excepting at the point
Cancers of the Stomach and		which we have before mentioned,
Rectum	2	where the cyst was ruptured. The
Jaundice	4	last membrane, which appeared
Hepatic Tumour	1	formed out of the medullary sub-
Inflammation of the Bladder,		stance, was smooth and glistening
with Scirrhus of the Pros-		on its internal surface where conti-
tate	1	guous with the hydatid; its exter-
Metritis	4	nal surface, which adhered to the
Cancers of the Uterus	3	brain, might have been easily de-
Angina	1	tached from it without tearing
Cutaneous Inflammation	5	either; it was much less smooth
Rheumatism	12	than the other, and not soft, like it:
Slight Affections, not named	11	it was white, completely opaque,
	—	and very much resembling in den-
	98	sity the membrane which covers
	—	the white of an egg; it offered a

The diseases of the brain were all excessively severe, and of such a nature that no success was to be anticipated even from the most judicious treatment. Indeed, the patient who had an hydatid died suddenly two days after his admission: he had exhibited no symptom during his stay in the hospital that could lead one to suspect the existence of disease in the cerebrum. On examining the body, after death, we discovered an hydatid contained in the substance of the posterior lobe of the right hemisphere. On viewing the inferior surface of the brain, we perceived the cyst which, to the extent of an inch, had broken the covering which separated it from the pulp: the rent in the cyst was of an irregular shape; there was no appearance of softening to be observed, nor any mark of the least alteration; the cyst was formed by a thin, transparent, but firm membrane; it was perfectly round, and of the size of a large hen's egg; it contained a serous turbid fluid: it

was recognised by Professor LA-CUNNIE to belong to the *acephaloegstic* kind. Besides the hydatid had a second covering, furnished by the brain, excepting at the point which we have before mentioned, where the cyst was ruptured. The last membrane, which appeared formed out of the medullary substance, was smooth and glistening on its internal surface where contiguous with the hydatid; its external surface, which adhered to the brain, might have been easily detached from it without tearing either; it was much less smooth than the other, and not soft, like it: it was white, completely opaque, and very much resembling in density the membrane which covers the white of an egg; it offered a certain resistance, and might be easily washed without being torn. The person in whom this was observed frequently suffered acute pains in the head and vertigo, but previous to his admission into the hospital.

The second case consisted in a chronic inflammation of the cerebellum, with loss of a great portion of the right lobe of this organ and purulent effusion into its parenchyma; there existed, also, an abscess in the same lobe. Notwithstanding such extensive mischief, this patient, who, for a long time, had been affected with a discharge from the ears, presented no sign of disease of the brain; he continued his occupations, and paid very little attention to the discharge which he had from the right ear: the cerebellar substance was found infarcted throughout. This case of inflammation of the cerebellum was first observed in a girl, seventeen years of age, and suddenly became fatal by the appearance of acute



comatose symptoms, which resisted every kind of treatment. A circumstance worthy of notice in this case, and which, undoubtedly, ought only to be attributed to a simple coincidence, was the existence of two cysts, of the size of a small nut, in the ovary on the side opposite to that in which the inflammation of the brain occurred.

The affections of the chest have not been very common; the pulmonary catarrhs were nearly all chronic, and had only become obstinate from the badness of the season; they occurred generally in persons of advanced age. They were treated by tonics; one only, eighty-four years of age, was bled, which, together with cooling drinks completed his cure.

The peripneumonies were nearly all very severe, for of twelve cases six were fatal. Bloodletting was the chief treatment; leeches were applied on the side affected, and in some cases their action was seconded by the application of a cupping-glass. In two persons who appeared to have the complaint the most violent, blisters on the chest were had recourse to with advantage. Among those who died were two females, who, besides the peripneumonia were affected with disease of the heart. One had a contraction of the right auriculo-ventricular opening, with ossification of the mitral valve, and moreover the stomach was of a deep red colour. In the other, the left auriculo-ventricular opening was equally contracted, and the tricuspid valve was changed into a demi-cartilaginous tissue; the mucous membrane of the stomach was red at several points, and in one place ulcerated to the extent of the size of a shilling. This is not the first

time that we have observed peripneumonia severe when it has occurred in persons affected with disease of the heart. Of the other four, two were admitted into the Hospital in a state of great agony, and only remained two days; in the two others the lungs were hepatized, and gone into a state of suppuration; there was also sero-purulent effusion into the cavity of the pleura. The symptoms of these patients presented no peculiarity worthy of remark.

An asthmatic person afforded us an opportunity of trying the effects of galvanism. The patient was sixty years of age, and had complained for a long time of considerable dyspnoea. Two days before his admission the complaint had increased; inspiration was loud and obstructed, expiration long and painful. The sound from the right of the chest was much stronger than from the left side, respiration easy and complete on the left side; very weak posteriorly and superiorly. On both sides of the chest a weak mucous rattle was distinctly audible, depending, however, on a catarrh with which the patient had been affected for fifteen years. When the galvanism was first employed, the difficulty of breathing was very great; at the end of the sitting, which was short, the respiration became free. M. ANDRIEUX continued to galvanize him every second day, and at the twelfth sitting he was completely cured of his dyspnoea. He could ascend a staircase of fifty steps with rapidity and without being in the slightest degree oppressed. Percussion and the stethoscope afforded the same results as before his admission.

The three phthical patients

which were treated this quarter presented nothing peculiar; one only died. In one woman, twenty-eight years old, the complaint, although arrived at the third stage,\* experienced a very sensible melioration without being able to assign any cause for the change.

The febrile colds and acute inflammations of the mucous membrane of the alimentary canal appeared from time to time; they were chiefly treated by the application of leeches to the epigastrium, or other parts of the abdomen where the pain was greater.

One patient, with organic affection of the stomach, perished; the smaller curvature of this viscus was entirely changed, in a great part of its extent, into a soft, scirrhus, homogeneous mass, with considerable thickening: this portion of the stomach extended towards the umbilicus by three tumours, which were to be felt in the patient's lifetime.

In another woman, who had offered no fixed symptoms, and to whom very little attention was paid, a cancer of the rectum was discovered after death. It was very easy to perceive that this disease had arisen from chronic inflammation of this intestine; indeed, the progress of the alteration of the mucous membrane could be traced from the descending colon, where it was of a reddish brown colour, and thick, to the rectum, where it had the characters proper to the mucous tissue covering scirrhus; the three membranes of the intestine were completely changed, and it was impossible to isolate the one

from the other. The rectum was also the seat of a few small, red, prominent tumours.

One case only of disease of the urinary passage was observed, which was that of an old man seventy years of age, who came into the hospital in a hopeless state. On examination after death, we discovered that the urethra was contracted near to the prostate; the bladder was ulcerated, fungous, and covered with pus; the prostate itself had acquired nearly three times its natural size, and was changed into a softened scirrhus substance.

Several cases of *Metritis* were treated; the principal symptoms were swelling and heat of the mouth of the uterus, sense of weight in the kidneys, pains in the hypogastrium, and vaginal discharges, which varied in their colour. One of these women, among the rest, whose sufferings were severe, was submitted to an antiphlogistic plan of treatment of the most vigorous kind. Frequent blood-letting, repeated application of leeches to the vulva, hypogastrium, to each hypochondriac region; in one word, to every part where the pain was most intense, were all employed without the least success. M. RECAMIEN, after having ascertained during a month's trial the insufficiency of these means, conceived that the pain must depend on some other cause than that of inflammation, and, therefore, considered this affection as an ataxic neuralgia. The patient was submitted to the trial of several means, some of which afforded relief, but a considerable variety, particularly turpentine, and ultimately a mercurial course.

There were two cases of organic

\* The third stage of phthisis pulmonaris is that in which the tubercles are yellow throughout and soft in the centre.—*Edin. L.*

disease of the uterus which proved fatal. They occurred in persons advanced in age and exhausted by pain and care.

Although rheumatic cases were rather numerous this quarter, no general conclusion can be drawn from this circumstance; they chiefly occurred in persons advanced in age, and were in general successfully treated by vapour baths.

Measles were rare: of the two cases which we observed, the one was very mild, and cured by a cooling treatment; the other required repeated applications of leeches to the throat. The measles consists of a series of inflammations of the mucous and cutaneous systems, produced by a specific cause, and choosing the skin for the outlet in preference to every other organ. The cases of fever presented nothing remarkable.

The preceding report of the cases which occurred in the clinical wards of Professor RECAMIER, although brief, is extremely valuable, on account of the professional information which it contains, and the example it sets to hospital physicians and surgeons in general. The medical officers of our metropolitan hospitals appear to hold their situations without being aware that they are under the slightest responsibility, for the use which they make of their extensive opportunities, to the profession at large. Neglecting to give to the profession any account of the numerous cases which continually come under their notice, they content themselves by discharging their duties to the patients in a careless and slovenly manner; forgetting that, as a body, and indeed, individually, as far as they are

known, they are treated with that sovereign contempt which their indolence so well deserves.

The indolence and general incapacity of the hospital physicians and surgeons of this metropolis is a matter of great surprise and astonishment to our foreign professional brethren; but with us this cannot be the case, since we know how they are elected, and what are the real qualifications required for their situations. By a singular coincidence of hereditary talent and acquirements, the surgeons of the Borough hospitals are the children of one man. In the other hospitals, though the interests of the institutions and the welfare of the patients are not so glaringly sacrificed to private influence, as in this case; the election of the physicians and surgeons is conducted with just as much disregard to real merit. Coupling this circumstance with the effect of the medical corporate bodies of the profession, our foreign neighbours need not be at a loss to account for the want of energy in those men, who from the situations they hold are naturally expected to be the most ardent in advancing professional information. Year after year elapses, without a single volume of hospital reports ever being published;\* and, publishing none themselves, these worthies entertain the strongest antipathy to those who comment on their ignorance and expose their indolence. After the most powerful opposition that can be imagined, a strong, and it is to be hoped in some degree efficient, check has been established on the conduct of medical men, particularly those

\* We must here, however, except Mr. CHARLES BELL's *Middlesex Reports*.

holding public situations, through the medium of the press, in comparison with which every other check sinks into insignificance. Unjustifiable experiments shall no longer be tried on the sick, nor patients submitted to painful operations, merely to gratify the vanity of the operator, without exposure: both the indolence and incapacity, and the skill and attention, of the medical officers of the different public institutions, shall receive the fullest publicity, through the medium of THE LANCET, without the slightest distinction of friends or foes.

*Rupture of the Heart, by M. A. L. J. BAYLE.*

Nervous agitation during several nights—sudden and unexpected death—perforation of the anterior parietes of the left ventricle.

Madame —, sixty-eight years of age, of a lymphatic, sanguineous temperament, and corpulent habit, had experienced during the revolution great reverses of fortune, which she supported with a resignation and strength of mind rarely to be met with. For a long time past she had been in good circumstances, and enjoyed perfect health. On the 17th of last June she consulted a physician, in consequence of a cold and slight fever, which she had laboured under for a few days before. Her symptoms at that time were occasional paroxysms of cough, with a little expectoration; slight dyspnoea, skin hot; pulse from 76 to 80 in the minute, regular. Percussion afforded a good sound in every part of the chest, and the respiration was to be heard throughout; the pulsations of the heart presented nothing remark-

able; the bowels were rather costive; the tongue was red at the edges, rather moist, and white at the root; a few flying pains in the abdomen. The patient had been subject to an attack of fever in the spring, which left her in nine days from its first accession; she also had a tumour in the right flank, which had existed in that spot for more than twenty-five years. For a short time prior to consulting a physician, this lady suffered, during the night, an unusual agitation, which was attended with a sense of general uneasiness, beatings in the head and temporal arteries, with mental agitation; she could not take any rest till morning, when she generally fell into a slumbers and afterwards awoke quite refreshed. By the 26th of the month (June) the patient was nearly restored; in the evening of that day, all of a sudden, after she had been arranging the things in the room, she was heard to utter a shriek, and at the same instant she fell down and expired.

Several circumstances prevented the examination of the body before interment. But the physician under whose care the lady had been, anxious to know the cause of a death so unexpected, obtained from the proper authorities, with the consent of the family, permission to disinter the corpse.

*Inspection cadaveris, six days after death, and four days after interment.*—The body was in a state of putrefaction, and emitted an extremely fetid odour, which was considerably diminished by sprinkling a solution of chloruret of lime in different parts of the room. The body was found in a considerable quantity of blood. The abdomen was first examined. A

search was made for the tumour which the patient had felt for so long a time, but in vain, as it could not be found. It was therefore concluded that it must have been a ventral hernia. The left ovary was red and swollen; the neck of the uterus was elongated. The chest was next examined; the pericardium contained two clots of blood about three ounces in weight; the heart was large; in the anterior surface of the left ventricle there was an opening of an oval or rather round shape, being a quarter of an inch long and as much in breadth; the edges were ragged, torn, and the parietes of the heart in the neighbourhood softer than in other parts. Internally the perforation was lined by a fibrinous concretion of a brown colour, and intersected with the carneeæ columnæ. The other organs were not examined.

*Reflections.*—Although there is on record a certain number of cases of rupture of the heart, this affection is nevertheless extremely rare, in comparison with the other diseases of this organ, which are so frequent. No mention of this complaint is made in the works of CORVISART and LAENNEC, which have thrown such a lustre on this subject. MORGAGNI appears to be among the first who observed this complaint, (*vide* Lett. lxiv. No. 14, 15, and his *Adversaria Anatomica*.) BONNIUS relates a case of rupture of the left ventricle near the origin of the aorta, and BOXER relates another. SENAC (*Treatise on the Diseases of the Heart*), quotes two cases, which did not, however, come under his own observation. In the *Memoires de l'Académie des Sciences* 1722, p. 422, two cases of the same kind are recorded. In the third edition

of CORVISART's work one case is mentioned which came under the observation of Dr. FERRIUS. In 1820, two distinguished physicians, BLAND and ROSTAN, published in the 7th volume of the *Nouveau Journal de Médecine*, and the other in the 68th Number of the *Bibliothèque Médicale*, two interesting papers which contain each four cases of this disease. My friend Dr. ANDRAL read before the *Académie Royale de Médecine*, in the sitting of the 12th of April, a very curious instance of this kind. On the posterior surface of the left ventricle of the heart there were five oblong perforations. In observing what these different cases present in common, we see,

I. That of nineteen cases of rupture of the heart, fourteen occupied the left ventricle, and principally its anterior surface near the apex; three the right ventricle; one the apex; and another the inter-ventricular septum.

II. That in the majority of cases the heart was remarkably soft, and in some cases of a brownish colour around the perforation.

III. That of ten patients affected with rupture of the heart, one was between 50 and 60 years of age, another between 60 and 70, six between 70 and 80, and two between 80 and 90.

IV. That of the same number of patients, eight died instantly, one at the expiration of about two hours, and another at the end of fourteen.

We find in the *Journal de Médecine et des Sciences accessoires*, of the 15th of August, the following paper:

*On the Action of Mercury on the Bones.*

Some physicians imagine, that the pains felt in the bones, nodes, and other affections of these parts in the venereal disease, are owing, not so much to the disease itself, as to the mercury which is employed in the treatment of it.

Dr. Ballingall has attempted to prove, that mercury alone, however long it may be continued, and to whatever dose it may be taken, never attacks the bones.

To make this appear, he has compared the state of the osseous substance found in an individual who fell a victim to a very severe form of syphilis, with the state in which he has found the same material in some hundreds of persons who have died ultimately of chronic inflammation of the liver; a common affection among the English who have been much in the Eastern colonies, and for which their physicians employ mercury under all its forms and in prodigious doses. Yet the bones of the latter persons have always been found healthy.

*To the Editor of THE LANCET.*

SIR,—The reason I address you on this subject may, at first sight, not a little surprise you; but there really is nothing known to the medical profession of hydrophobia, in fact, all our present means are totally inadequate to cure this dreadful malady. Two cases, within this last week, have occurred to my knowledge; one I had every opportunity of watching, the other at Guy's, which you, no doubt, will notice. There did not appear, in

either of the above cases, any very evident diminution of the disease from the treatment employed, and as it has been for ages past, and so will continue, unless something be done or something found out to overpower this great and determined enemy of the "healing art." But on account of the death of the first case (which became, almost directly, known in every neighbouring part), a man who resides at Wing, in Buckinghamshire, (at the request of some private individual in town, who had heard of his notoriety, entirely unconnected with the deceased) came to the friends of this poor mortal, and declared that, had he seen the man a few hours before his death, he would have cured him. This, of course, was thought almost too contemptible for notice; however the man made his appearance, and I, of course, conversed with him on the point in question, and he declared that he would venture his life on any case, if he administered his medicine or saw it administered to the patient. He gave me several cases to read, one where two apothecaries, after a variety of means, had come to the determination of bleeding the patient to death; but some one who had seen the case, and also knowing this man, had him directly sent for, and the patient was placed under his treatment and recovered, and is now living, with many others in that neighbourhood, to attest the fact, where the man has also lived since his birth. If this, hereafter, should be found correct, what neglect and blame will be attached to the names of these medical men. Think not that I am forward to espouse the cause of quackery, far I assure you no more interests the traffic more than I do. But

here stands the monster which defies all our power—the innumerable remedies we have proposed have all proved futile without exception, therefore he who brings forward a cure is not only entitled to the highest encomiums of the medical profession but of the world, and I do think it would be justifiable in any man's trying this remedy.

I remain, Sir, &c.

Sept. 14th. J. H.

P.S. The man's name is Thomas Newens.

Notwithstanding the conviction of our correspondent to the contrary, we fear that the assertions of Mr. THOMAS NEWENS are the boastings of an interested quack; if they are not, how can he reconcile it to his conscience to quietly witness the destruction of so many of his fellow-creatures, when the publication of his remedy might rescue the sufferers from the agonizing tortures of the most terrible of all diseases.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### HYDROPHOBIA.

*A distressing case of Hydrophobia, and the application of MAGENDIE'S Remedy, for the first time in this country.*

W. D. ætat. 27, a young man of a singular spare habit, was brought into the 1st Ward of this Hospital about two o'clock last Sunday evening.

On the 21st of July last he was

bitten by a dog, just above the wrist, near Brixton, and was placed under the care of Mr. HAWKINS of that place, who almost immediately excised the part, and afterwards applied caustic to the wound. The dog was at the time suspected of being mad, and great anxiety was felt for the man's safety.

He showed no symptom, however, which could be considered alarming until within the last few days. On Friday he complained for the first time of an uneasiness and tightness about his throat, appeared more irritable than usual, and had a restless night. On Saturday, he took a cup of coffee for his breakfast and swallowed it in a great hurry, as if drinking something very unpleasant. He had to clean his master's carriage and water his horses, but he could not summon resolution to do so, without being able particularly to say why he objected, and on the following day he could not drink his tea; Mr. CALLAWAY was called to him, and, considering the nature of the case, thought it better for him to be brought to the Hospital.

He complained of great uneasiness and a feeling of oppression about the chest, more particularly in the region of the diaphragm; his breathing was hurried and interrupted by frequent convulsive sighs. His pulse was at this time 90, and very firm, his skin hot and dry, and he had also considerable pain in his head, but answered any questions put to him with great propriety. The spasms were stronger on the right side, and the motions of the right extremities could be with difficulty restrained. He was exceedingly restless during the night and could not bear the least

breath of air to play on him, or even the friction of a handkerchief to wipe any part of his skin, was either of these things happening instantly threw him into violent convulsions; a drop of fluid of any kind falling on his skin instantly produced the same effect. He took *one grain of opium and two grains of the super-acetate of lead every half hour*, and towards morning had it given rather more frequently, so that he took 40 grains of the superacetate in nine hours; one of the gentlemen who sat up with him drew back the curtain to see if it were day, when a gleam of light fell on his countenance, and immediately threw him into convulsions. He was perfectly conscious of the persons about him, and shook them by the hand when he saw them again in the morning. He would, however, start up suddenly in the bed cry out violently, and then sink down again as if exhausted, and if asked why he did so, he would place his hand on his chest and say, he could not help it, but that it was the wind in his stomach and throat. His pulse throughout the night varied from 84 to 100, sometimes rising or falling ten in a few minutes.

This morning, (Monday,) he was visited by DR. ADDISON, who thought the case a confirmed one, and ordered the former medicine to be continued, with the addition of *one grain of the resinous extract of the nux vomica* to be taken every quarter of an hour; this medicine was continued until DR. BLUNDELL came, who had before arranged with DR. A. to try the effect of injecting the veins with warm water, according to the mode adopted by M. MA-

GENDIE. The medicine he had taken had, by *eleven o'clock* in the forenoon, produced a general feeling of numbness, and he lay, certainly, quieter than he had done before.

DR. B. entered the room with a great many of the students, and after feeling his pulse, blew suddenly on his face, which caused him to start up in great agony, and to express himself very severely against the doctor for the torture to which he had put him. DR. B. said, he was perfectly satisfied as to the nature of the disease, and that that single circumstance might be considered sufficiently pathognomonic. There appeared, therefore, no time to lose, and it was considered a fair case for the trial of the injection.

The pulse at a quarter before twelve was 100; the countenance expressed the greatest anxiety, and the breathing, every now and then; was interrupted by frequent sobs. At twelve, the pulse was 84, and very firm and full. At half-past twelve he was bled, preparatory to the operation, as recommended by M. GENDIE, and twenty ounces were directed to be drawn. Whilst the blood was flowing, the pulse gradually increased in frequency to 110, and being still very firm it was thought advisable to take off a few ounces more; and instead of this precaution being attended to, nearly twenty ounces more were abstracted, the pulse during the time this was flowing increased to 140, making the whole quantity taken forty ounces, and at the close his pulse was 160. From that great excitement produced by drawing up of the arm without bleeding, the patient became almost ungovernable; threw himself about



violently, and would not suffer himself to be held.

Considerable time was lost by not being able to introduce the tube for the transmission of the injection through the same orifice at which he was bled. Mr. KEY then dissected the cephalic vein, about three inches below the bend of the elbow, and raised it over a probe, then made a longitudinal opening through the coats on its anterior surface and introduced the tube. The doing this, with the difficulty there was in receiving the blood as it flowed, owing to his extreme restlessness, delayed the time to half-past one.

Just as the connecting pipe from the syringe was about to be attached to the tube already in the vein, the pulsation at the wrist ceased, and all were of opinion that the remedy arrived too late; considering, however, that the principle might be adhered to, it was suggested, that if a stimulant were injected instead of the distilled water it might succeed in resuscitating him, a few table spoonfuls of diluted spirit, in the proportion of two-thirds of water to one of spirit, were added to the fluid prepared for injection, and a small quantity thrown into the vein by the syringe. The action of the heart was felt a little more distinctly, and more fluid was thrown in, the whole not exceeding two ounces. The pulsation of the brachial artery could be felt, but not so of the radial; and it was considered useless to go farther. The vital energy became gradually increased, and at ten minutes before death manifested.

The patient manifested not the least disposition to injure any of the persons about him, but merely

cautioned them to keep out of his reach for fear he might strike them undesignedly during his struggles. He had a copious secretion of frothy mucus from the mouth and fauces, and was obliged frequently to spit to free himself of it: every motion was performed with sudden violence, yet appeared to be under the control of the will. He gave evident proof of his retaining his senses to a few minutes before his death, when he sunk into the calm of complete exhaustion.

*The inspection of the body* took place on Tuesday at one o'clock, and was conducted by Mr. KEY, in the presence of several surgeons and pupils.

*The head* was first examined, and the following reports made as the dissection proceeded. The external surface of the convolutions appeared rather more vascular than usual, and the congestion appeared rather more in the arterial than in the venous vessels; the *anterior arteries* of the cerebrum, contained globules of air. On making a section of the hemispheres, the red points produced by the division of the vessels were more numerous in the posterior than in the anterior part of the brain. In the *lateral ventricles*, about three drachms of fluid were found, and there was air in the veins of the choroid plexuses, and also in the veins of the corpora striata; the *pineal gland* contained no phosphate of lime. The *posterior arteries* of the cerebrum also contained air. On turning out the brain, there were several projecting *bony ridges* from the sphenoidal fossa, which felt very sharp on the finger being passed over them. Two considerable projections also were found on the basilar process

of the occiput, one on each side, just above the anterior condyloid foramina. By making a section of the *thalami nervorum optico-rum*, the left thalamus presented a considerable difference of colour from the right; it had a greenish tint, with a slight shade of yellow. The *locus niger*, of the same side, displayed by section a similar appearance. This appearance had been noticed before by Mr. KEY, in a person who died of tetanus; and in another who died last summer from hydrophobia, large patches of bony matter were found in the falx major, nearly the size of a split kidney bean.

The spinal marrow was next examined, by carefully sawing through the arches of the vertebræ; and having cut through the *theca vertebralis*, the pia mater was carefully attended to, and three small ossific deposits were found on its surface, in that part of the canal between the fifth and eleventh dorsal vertebræ; two of these patches were about the size of pins' heads; and the other, about the size of the bulb on a common probe. The blood in the sinuses of the medulla spinalis was quite fluid, as it also was in the sinuses of the brain. No other peculiarity could be noticed in this part.

The tongue was also examined, but no pustules could be found about the *frænum* or any other part, as described by Dr. KANTHOS and others.

The lining membrane of the trachea appeared coated with a dark-coloured mucus throughout nearly its whole extent, as did also the membrane lining the bronchial tubes. The mucous membrane of the stomach appeared of a reddish colour towards the cardiac extre-

mity, and there were large spots of extravasated blood between this and the muscular coat.

Some of the saliva taken from this patient was introduced beneath the integuments of a dog's thigh, and the animal is properly secured, that the effects of this inoculation may be watched.

The man who swallowed a penny-piece, about three weeks since, whilst attempting to perform some dextrous feats before his companions, came to Guy's Hospital last week, in order to consult Sir Astley Cooper about his case. He is about thirty years of age, and of a sallow complexion. He complained of violent pain at the pit of his stomach, and this pain was always increased after eating, as the stomach is then excited to greater action to digest the food, and is consequently brought more into contact with the metal. He says he can distinctly feel the coin lying on the left side of his stomach, and producing the sensation of a great weight being there. He has taken castor oil frequently, but Sir Astley advised him to take one drop of the oil of the *croton tiglium*, and at the same time suggested that he thought, if this did not succeed, there might be forceps so constructed as to reach the stomach and remove the cause of the mischief.

The accidents admitted this week are, a contusion of the fore-arm; an injury to the abdomen; a dislocation of the tibia, forwards, which was easily reduced by the dresser; and an assistant making a mistake in tension; an injury to the hip; a fracture of the clavicula, and another of the clavicle.

No operations have been performed here this week.

# ST. THOMAS'S HOSPITAL.

## CLINICAL LECTURE.

GENTLEMEN,—The last time I met you, (said Mr. TYRRELL,) I described the different steps of the lateral operation for the stone in the bladder; and also gave you the history of the disease.

In the *Lateral operation* there are difficulties, which present themselves, and I will just go over some of these. And, First, the *size* of the stone often occasions much trouble and inconvenience in the operation. In this case there appears to me to be also a great advantage in using the knife; for the gorget cannot make an opening into the bladder larger than its own size, and therefore you are either obliged to enlarge the opening afterwards with the knife, or use great violence in extracting the stone. When I described the operation as I perform it, I said, that I always made a large incision into the bladder, and I have always found it heal just as readily as a smaller one, and by doing so you run no risk of doing violence to the part in the extraction of the stone.

Another difficulty sometimes arises from the *depth of the perineum*. If it be so deep that you cannot reach the stone with your finger, you are at a loss to know its exact situation, because the urine has escaped, the bladder collapses, and you cannot tell directly where the stone is. This occurred to me in the last operation which I performed. I thought that it had got behind the prostate, and I used the

curved forceps to lay hold of it more readily, but on turning the forceps upwards, I found that the stone was placed behind the pubes and immediately embraced it.

Again, in the *enlargement of the prostate*, if you use the gorget you will find the opening you can make in it will not be of sufficient extent to admit of the stone being easily withdrawn, and I am sure this would have been the case with the old man on whom I lately operated who had a very large gland, and a large, soft stone.

The *high operation* is likely to be the safest where the stone is large and the prostate at the same time much increased in size. At the time that I was performing the operation here last week, I have since seen that Mr. Ewbank was performing the high operation at St. George's. The great difficulty experienced in this operation is the fixing of the bladder so as to keep the opening you have made into it in a line with your external incision. An instrument has been formed for this purpose which I should be inclined to employ. On the whole, however, I consider this operation should be limited to the conditions already expressed.

In the female, it is scarcely ever necessary to use the knife, as the stone may be easily extracted by dilating the urethra. Here is a very ingenious instrument, invented for this purpose by Mr. WEISS, and it has been used by Sir ASTLEY COOPER, Mr. GREEN, and others. The separation of its blades is regulated by a screw in the handle; the blades towards the handle are thickened by a piece of wood screwed on them, in order to preserve an equal degree of dilatation in the urethra. It is a very safe

instrument, and its application is extremely simple.

In cases where there are small calculi lodged in the male bladder, an instrument has been made by Mr. Weiss, of the Strand, for the purpose of extracting them. It is introduced into the bladder like a common sound, and then by turning a screw in the handle the blades are opened and one of the calculi laid hold of, which is then gradually withdrawn. In the Medico-surgical transactions there are three cases given in which it has been used. Two of these are given by Sir ASTLEY, and one by Mr. BRODIE.

The cause of death after the lateral operation has been supposed to be either hemorrhage or inflammation. I have examined several cases in which the patients died from hemorrhage, but in neither of these was the internal pudic artery divided, but the hemorrhage proceeded from the transverse artery of the perineum which was divided so close to the pudic, that there was not room for a conglutium to form in the vessel. I recommend you, therefore, always to make the division of the perineum as near its median line as you possibly can, by which precaution you will in all probability avoid so serious an evil. I believe the cause of death generally is peritoneal inflammation; and I have never examined one case after death in which inflammation of the peritoneum did not exist. I do not believe that the mere supuration in the textures surrounding the neck of the bladder would cause death, provided peritoneal inflammation did not supervene.

On the last patient on whom I operated it was my intention to

have used the instrument employed by M. CAVILE, and it was designed to show you the instrument to-day, but it is not now at hand. It is introduced as a simple canula into the bladder on the stone, then by pushing down the ends of several pieces of spring wire, which were before concealed in the canula, expand when carried beyond it, and thus embrace the stone by pulling the wires a little towards the canula; when thus secured, a stilette or perforator is made to bear on the stone, and divide it into as many portions as you can. It is however a difficult instrument to describe, and I hope to show it to you on some future occasion.

I shall now make some remarks on *Injuries of the Head*.

You all know that the symptoms are divided into *concussion* and *compression*. The symptoms of concussion, when slight, are the following: the patient is generally stunned by the blow, and remains insensible a few minutes; when he gets up and recovers from the blow, he has violent headache, chilliness of the surface, and pulse feeble and slow, sometimes also there is vomiting. This may be termed the first stage of concussion; and during this state, and in all cases of injury to the brain, be very careful how you abstract blood. It is generally said, by persons who have not been acquainted with the treatment of these accidents, that they bled the patient immediately; and I was lately called to an accident of this kind, where I believe the patient lost his life from having thirty-six ounces of blood taken away in ten minutes after the accident. The man never rallied. I was anxious to obtain inspection of the parts, but could not

succeed in doing so. When the pulse rises, and the patient complains of headache, you may take away blood; the pulse, in this stage of the complaint, which may be called the state of re-action, is quick, hard, and incompressible; by which term I mean, that you cannot readily stop the flow of the column of blood through the vessel. The pulse is often quick and hard from irritability, and may be occasionally full, but not incompressible. You should also, at the same time, make a careful examination of the head, because with the symptoms of concussion you may find a fracture in some part of the head, and therefore would require attention. When *concussion is severe*, the symptoms are very much aggravated, there is a loss of sense and voluntary motion, the pulse is quick and feeble, the extremities are cold, the breathing laboured, but not stertorous, the pupils are sometimes dilated, at other times contracted; the feces are evacuated involuntarily, and the urine is at first retained, but after some time it also passes involuntarily. Afterwards the pulse gets fuller and stronger, he becomes restless, and if you rouse him to ask any question, he does so imperfectly; the extremities become cold again, and the action of the carotids may be seen even at a distance from the bed.

*Treatment.*—It is more important in concussion than in any other injury of the head, to be particular about the abstraction of blood. There are cases in which re-action never takes place, and these cases have been examined after death, in which no sufficient cause could be assigned for the event.

Mr. T. then mentioned the case of concussion which we have before given, in No. 4, Vol. iv. p. 113.

Emetics are recommended, but I object to them, for the following reason; it is difficult to obtain at once a knowledge of the extent of the injury, and suppose that laceration of a minute vessel should have taken place, you are, by adopting this practice, increasing the mischief; and if there be a disposition to it you are actually promoting it. I should prefer giving some slight stimulus if re-action does not come on in a proper time after the accident, as a teaspoonful or two of wine and water.

Mr. T. gave the outline of some cases in elucidation of this part of the treatment, and one which will be found in the number before quoted of the present volume.

We must defer giving a report of cases from this Hospital until next week.

The principal accidents admitted are, a fractured thigh; a severe scald of the right leg from a heated solution of barilla falling on the part while the man was at work in a soap-boiler's manufactory; a fracture of the clavicle; two fractured ribs, and a laceration of the scrotum.

No operations have been performed this week.

#### WESTMINSTER HOSPITAL.

*Continuation of the case of John Sharp.*

Sept. 1. Leg much worse. The chest is better than it has been from

the first, as the pain and palpitation have nearly left it. Continue the medicines as before. Pulse 75, and rather stronger; bowels open.

3d. Pulse 75; pain and palpitation in the chest almost gone; leg gets worse. Continue the medicines.

5th. Leg worse than ever, though still dressed with the flour; chest quite well; pulse 75, and almost of the natural strength.

6th. The pain and palpitation quite gone; pulse 75; leg rather worse than yesterday, the redness and inflammation extending downwards to the external ankle, and upwards almost to the knee.

In this case it will be seen, that as the wound in the leg approached to a healing state the chest became affected in an extraordinary manner, and as the chest was cured the leg became worse than it was even on the admission of the patient to the hospital. If any thing important occurs again in this case we shall continue it from this period.

11th. Mr. WHITE operated for hydrocele, upon a man aged 40; the disease had existed for about six months. The trocar was introduced an inch from the raphe, at the middle of the tumour, and inclined obliquely upwards, when it was pushed into it, and twelve ounces of water were then evacuated. An injection of wine and water was next used, and suffered to remain for four minutes.

Mr. WHITE next removed a piece of bone from the thigh of a man, fifty years of age, who twenty years ago had had the misfortune to break it, and had been moved before the ends of the bone had

become firmly united; in consequence of this they were again separated, and the limb had retained much shorter and more crooked than the other.

From the time of the accident five pieces of bone had been taken out, and now another exfoliation had taken place; and on dividing the integuments, &c. four inches above the knee, on the outer side, a portion of bone, an inch and a half in length, three quarters of an inch in breadth at its broadest part, and of the thickness of the shell of the bone, was removed; it being part of the old bone.

A small artery was wounded, and bled pretty freely, but was stopped by pieces of lint which were introduced into the wound, to prevent its healing by the first intention.

The same gentleman also extracted a polypus from the nose of a woman.

About ten minutes before the period fixed for the performance of the operation for to-day, Sir ANTHONY CARLISLE informed the pupils that, as there was some time to spare, he would again address them upon a subject closely connected with the one on which he had formerly made a few observations.

After all had taken their stations in the operating room, and Sir ANTHONY had made some allusions to a former discourse delivered to the pupils of the Hospital, and in which he had spoken of inflammation, he directed their attention to purgative medicines, as follows:

"As to purgative medicines," said he, "I am of opinion, that if that class of remedies were dismissed from the practitioner's armamentarium, it would be a great loss to the medical art."

no man could conscientiously follow the profession, so important do I think them to be in the regulation of the diseased animal economy. As they are important in their effects, so it requires a judicious and nice discrimination in the choice of those which we should employ, differing, as they do, so much in their qualities and effects from each other; independent of their suitability to the diseases for which they are given; but when we come to consider the great varieties of maladies, all totally distinct, generally independent of each other, and in almost all of which medicines of this class at some period become necessary, the propriety of a just administration of them is manifest, and without this they will produce evil consequences instead of proving remedies.

"Of all purges I think the vegetable ones, and the alkaline and earthy neutral salts, are by far the best, in almost every disease, particular ones being suited to particular maladies; although I am willing to allow that mercurials are beneficial in some cases, much judgment must be exercised to determine in what. That there is something peculiar in mercurial cathartics is shown by the feces discharged; for although in point of quantity, colour, and consistency, they may be the same as when other purges are used, yet there is a peculiar odour which they possess, much more offensive than that of the feces in a healthy state; so that, by the smell alone, an experienced practitioner may generally distinguish them to have been produced by these medicines.

"I am aware that some physiologists have asserted, that the putrefaction never takes

place in the human body, but to me this appears to be decidedly incorrect, as indeed any unprejudiced observer may conclude, who has ever smelt the odour of feces, and to what this odour is owing but putrescency I am entirely ignorant; indeed, I believe, that this, as well as the acetous fermentation, takes place in the alimentary canal; and the vinous does not, only because the food does not remain in the stomach unchanged for a sufficient length of time.

"It has been thought that mercurial cathartics operate particularly upon the liver, that they, in a manner, purge that viscus; but I am inclined to think that the ordinary supposition of the way in which the liver is affected by them is a wrong one; the obstruction of the bile, as it is termed, happening from the following cause, in these cases.

"The bile is prevented from entering the duodenum from too great a quantity of feces being collected in the large intestine, which stretches it, and closes the orifice of the ductus communis choledochus, but when these feces are removed by the action of cathartics, it flows onwards as freely as before, and by causing this removal it is that mercurials prove of benefit, in such a disease; but any other cathartic, powerful enough to cause this, produces the same consequences, without being equally injurious; and I am the more ready to think so, not only from the disease being got rid of, but also from the feces being, as I have before said, of the same yellow colour, and the same in every respect, except as to the state of putrefaction, as when the preparations of mercury are employed.

"I speak thus, gentlemen, from

experience, and from that experience I would earnestly advise you to be careful in the choice of caltharics, and above all avoid mercury as an ordinary one. From the present large quantities of mercury carelessly given, I am convinced that many diseases arise, and many persons are daily destroyed; from it many derive the maladies which shatter their constitutions, and plunge them, for the remainder of their lives, in a state of suffering and misery."

In consequence of the length of these observations, we shall defer the conclusion of the case of Edward Pomer until our next report.

### A CURIOUS CAUTION.

We caution the inhabitants of this town how they expose themselves to any sort of contact with persons labouring under contagious distempers, such as fevers, plagues, or consumptions, and that they carefully avoid taking colds, rheumatisms, catarrhs, gouts, headaches, belly-aches, and back-aches, as well as all sorts of acute or chronic diseases which may require the attendance of a physician, there being no less than twelve doctors, surgeons, men-midwives, and apothecaries practising in the small town of Carlow!—*Carlow paper.*

### THEATRE OF ANATOMY AND MEDICINE, WEBB STREET, MAZE POND, BOROUGH.

The AUTUMNAL COURSE of LECTURES, delivered at this Theatre, will commence on Friday, October 1st, 1824.

On ANATOMY and PHYSIOLOGY, by Mr. GRAINGER, daily, at a quarter past Eleven.—Dissections as usual.

\* Mr. GRAINGER has the authority of the Court of Examiners of the Royal College of Surgeons to state, that his certificates will be received as before their regulation of the 19th of March, 1821.

On the THEORY and PRACTICE of PHYSIC, by Dr. ARMSTRONG, every Monday, Wednesday, and Friday, at a quarter before Five in the Afternoon.

On MIDWIFERY, and DISEASES of WOMEN and CHILDREN, by Dr. DAVIS, on Tuesdays, Thursdays, and Saturdays, at a quarter before Five in the Afternoon.

On MATERIA MEDICA, by Dr. ARMSTRONG, every Saturday Afternoon, at a quarter before Four.

On CHEMISTRY and PHARMACY, by Mr. RICHARD PHILLIPS, every Tuesday, Thursday, and Saturday, at a quarter before Ten in the Morning.

For Particulars, apply at the THEATRE; to Mr. GRAINGER, Dean-street, Borough; Dr. ARMSTRONG, 48, Russel-square; Dr. DAVIS, George-street, Hanover-square; Mr. PHILLIPS, 41, Nelson-square; or to S. HIGHLEY, Medical Library, Webb-street, Maze-pond, or 174, Fleet-street.

\* The BOROUGH DISPENSARY, Bernoulley-street, No. 232, is most conveniently situated for Gentlemen attending this School, where every attention will be paid to the Clinical Instructions of Pupils in Practical Medicine and Surgery. The following are the Medical Officers—Dr. ARMSTRONG and Dr. ARN, Physicians—Dr. FILKIN, Assistant Physician—Dr. DAVIS, Physician Accoucheur—Mr. GRAINGER and Mr. ALCOCK, Surgeons—Mr. MAUGHAM, House Surgeon and Apothecary.

### MEDICAL LIBRARY, WEBB STREET, MAZE POND, BOROUGH.

S. HIGHLEY begs to inform the Gentlemen attending the Medical Schools in the Borough, that he has been induced to open a LIBRARY, in a situation convenient to the Hospitals, which will be supplied with the Medical Journals, and daily Newspapers, and to which the Students will at all times be admitted. Mr. Highley begs leave further to state, that all Medical Works, Essays and Lecture Books, may be obtained at the Library, or at 174, Fleet-street.



**THEATRE OF ANATOMY, GREAT WINDMILL STREET.**

The LECTURES on ANATOMY, PHYSIOLOGY, PATHOLOGY, and SURGERY, by Mr. CHARLES BELL, Surgeon to the Middlesex Hospital, and Mr. SHAW, will commence on the 1st of October, at Two o'clock.

The DEMONSTRATIONS, in the Rooms, will be given by Mr. Shaw. The LECTURES on SURGERY, by Mr. Bell, will be given on the evenings of Tuesdays and Thursdays.

**THEATRE OF ANATOMY, BLENHEIM STREET, GREAT MARLBOROUGH STREET.**

The Autumnal Course of LECTURES on ANATOMY, PHYSIOLOGY, and SURGERY, will be commenced on Friday, the 1st of October, at Two o'clock, by JOSHUA BROOKES, F.R.S., F.L.S., Soc. Chm. Nat. Cur. Mosq. Soc., &c. &c.

Spacious Apartments, thoroughly ventilated, and replete with every convenience, will be open all the morning for the purpose of Dissecting and Injecting, where Mr. Brookes attends to direct the Students, and demonstrate the various parts as they appear on dissection.

The Inconveniences usually attending Anatomical Investigations are counteracted by an antiseptic process. Pupils may be accommodated in the House. Mr. Brookes's Certificates are recognized at the Royal College of Surgeons as heretofore, and independently of the regulation of the 19th March, 1824.

Dr. THATCHER will commence his Winter Course of LECTURES, on the PRINCIPLES and PRACTICE of MIDWIFERY, including the DISEASES of WOMEN and CHILDREN, at the Dispensary, 13, High School Yard, by Surgeons' Square, Edinburgh, on Tuesday, the 12th of November, at Three, P. M.—Pupils are afforded most extensive practical advantages.

Dr. Thatcher's new work, on the Principles and Practice of Midwifery, will be speedily published.

For Particulars apply to Mr. Highley, Medical Library, Webb-street, Mazepond, Borough, or 174, Fleet-street.

Mr. LIZARS will begin his Winter Course of LECTURES on ANATOMY and PHYSIOLOGY, in the Theatre of Anatomy and Surgery, No. 1, Surgeons'-square, Edinburgh, on Monday, the 1st of November, 1824, at Eleven o'clock, A. M., in which the Structure and Functions of the Human Body will be demonstrated and taught, chiefly with reference to disease.—These Lectures qualify for Surgeons' Hall.

The Anatomical Rooms, for Practical Anatomy, will be opened on Monday, the 18th of October.

For Particulars apply to Mr. Highley, Medical Library, Webb-street, Mazepond, Borough, or 174, Fleet-street.

This day is published, by Longman, Hurst, Rees, Orme, and Brown; T. and G. Underwood; Burgess and Hill; and S. Highley, London; and A. Black, Edinburgh; the Third Edition of

THE MANUAL OF ANATOMY, containing Rules for showing the Structure of the Body, so as to exhibit the Elementary Views of Anatomy, and their Application to Pathology and Surgery. To which are added, some Observations on the Art of making Anatomical Preparations; and Two Plates, illustrative of the New Arrangement of the Nervous System, founded on the Discoveries lately made by Mr. CHARLES BELL. By JOHN SHAW. Being an Outline of the Demonstrations delivered by him to the Students in the School of Great Windmill-street.

The following Extracts are from the London Medical and Physical Journal, October, 1821.

"The opening of the new scholastic year for the students in medicine has induced us to take an early notice of the present work. To those who are about to begin the first rudiments of anatomy, Mr. Shaw's book will prove a valuable possession. It will be a clear and sure guide to them;—it will serve to smooth

the paths through the various difficulties and difficult researches of anatomy, it will assist the student in the making-up of newly-gained facts;—and, lastly, it will be found a very useful synopsis, and one of the best text-books for an anatomical class.

"Of such a book, of course, it is unnecessary to give a minute analysis; but that which we cannot omit to give, is an account of the manner in which the work has been compiled. By doing this, we shall doubtlessly excite a desire in the young branches of the profession to possess the book;—an object, in the accomplishment of which a reviewer should centre all his efforts, since it is thus that the best interests of science are promoted, when a work of merit is the subject of critical consideration.

"To sum up—we repeat that this is an excellent book; that it contains as much real doctrinal, as well as practical, information on human anatomy, as we should wish every medical man's mind to be stored with;—that it will certainly supersede all other books of this class, for it even contains copious directions for making preparations;—that it does infinite credit to Mr. Shaw;—that it is not too much to say, that a second edition will be called for as soon as the numerous pupils, who are thronging to the mart of medical knowledge at the opening of the winter season, shall have felt and duly appreciated its real value."

From the Edinburgh Medical and Surgical Journal, January, 1822.

"We must do Mr. Shaw the justice to state at once, that the remarks which we have just made, on the advantages attaching to this class of anatomical productions, apply in a very eminent degree to his work, and have in fact been suggested to us by the perusal of it.

"He writes like a man perfectly acquainted with the subject of which he treats—and we hesitate not to assure the student of anatomy, that he will find in this small volume, a most useful and valuable companion in the dissecting-room.

"There are various other works which have been got up of late years upon a similar plan, but the distinguishing advantage of Mr. Shaw's is, that it we meet not only with correct, minute, and well-arranged anatomical descriptions, but with a distinct sketch of our plan of procedure, and full directions as to what is to be done at every stage of our dissections."

#### MR. SHAW HAS IN THE PRESS,

The First Part of a Work on the **DISTORTIONS AND DEFORMITIES** to which, from various causes, the Human Body is subject.

This number treats of one class of the diseases of the spine—the distortions to which young people are liable, from habitual bad postures and the neglect of proper exercise. It will be illustrated by plates, in full, of the Distorted Skeletons preserved in the Museum of Great Windmill-street; and the explanation of the different methods of treatment will be assisted by outlines, showing the postures and exercises which, with the aid of mechanical means, are calculated to correct each deformity.

Mr. FAY, Surgeon-Dentist, will commence his **Autumnal Course of LECTURES, on the STRUCTURE AND DISEASES OF THE TEETH**, on Tuesday the 19th of October next.—In the progress of the Course Mr. Fay will demonstrate to his Pupils his New Method of Extracting Teeth, with Instruments of his own Invention, and which Instruments when skilfully used will remove teeth with the greatest safety and infinitely less pain than is usually experienced under such operations. Mr. Fay has used these Instruments for fifteen years past without having experienced a single case of failure. For farther particulars apply to Mr. Fay at his residence, No. 151, Regent-street.

# THE LANCET.

VOL. IV.—No. 13.] LONDON, SATURDAY, Sept. 25, 1824. [Price 6d.

## SURGICAL LECTURES:

*Theatre, Guy's Hospital.*

### LECTURE 75.

#### *On Compound Fracture.*

About three weeks after the last lecture on this subject, the pupils, being assembled in the operating theatre, were unexpectedly treated with the announcement of it being the intention of their respected teacher to furnish them with the concluding remarks on the adverse circumstances occasionally met with in the treatment of compound fracture. And although sadly behind time, and also much out of place, these short observations were listened to with much interest.

The *obliquity* of THE LANCET however did not allow this opportunity to escape, but considered the opinions delivered, even as an apology for a lecture, too valuable to pass unnoticed.

These observations had been read in the Theatre, and I am for-

ward and said, I shall now take the opportunity of concluding the subject of compound fractures; and shall therefore next speak of the treatment of these accidents when extending into the joints.

If a compound fracture should extend into the ankle joint, that, of itself, would form no reason why amputation should be performed; but you should be guided principally by the nature of the injury, by the age, and also by the constitution of the patient. If this compound fracture extending into this joint be oblique, it will generally do well, provided care be taken to procure adhesion of the wound, which is best effected by applying lint dipped in blood to the lacerated integument, and allowing it to remain there until it separates spontaneously. The many-tailed bandage should be applied and kept wet with a spiritous lotion, composed of *sp. vini. 3j. aqua 3v.* A splint should be applied on each side, padded with cushions so as to preserve the great toe in a line with the patella, as I before mentioned to you; which is the point

you must attend to on these occasions. Place the leg on its side, in the semiflexed position, so as to relax the muscles and render the patient's position as easy as possible. The position however will require to be varied according to the situation of the wound. But if the bone be comminuted as well as broken into the joint, and if there be bleeding from any large vessel, it will be proper to amputate immediately; more especially if the patient be obliged to work hard for his support, for after recovery from amputation, the limb will bear but a slight degree of exertion.

But still, if the constitution be good, and the person be about the middle age, it is right to take away the small pieces of bone, heal the wound by adhesion, and produce ankylosis. In one case suppuration even followed, and the patient did perfectly well.

If a compound fracture extend into the *knee joint*, and the opening be large, it will be necessary to amputate, as the constitutional disturbance will be exceedingly great, and run the risk of destroying the patient. But if the opening be small, try to procure adhesion, and thus make it a simple wound. When the condyles of the femur are broken into the joint, the limb is to be placed on a pillow in the

straight position, and evaporating leeches and lotions are to be used to subdue the inflammation and swelling which necessarily attends this accident. Supposing the external wound to have closed, you then apply pieces of pasteboard moistened by being soaked in warm water, about sixteen inches long, and broad enough to reach under the joint, and have them confined by a roller. When this dries, you will find it exactly adapted to the shape of the joint, and it afterwards retains this form, so as best to confine the bones. I prefer the straight position in these cases, because the tibia presses the extremity of the broken condyle into a line with that which is not injured.

Compound Fractures of the *elbow joint* generally happen through the internal condyles of the os humeri, and the fracture takes an oblique direction into the joint. In the most severe accidents of this kind, the constitution is generally able to support it, if it be judiciously managed; I could mention to you several cases which would prove the success of the practice of effecting union by adhesion. A case now presents itself to my recollection, of which I will give you an outline.

I was called to this Hospital to see a brewer's servant who had a

compound fracture of the elbow joint, from the dray passing over the arm, which had considerably comminuted the bones. I could pass my finger readily into the joint, and feel the brachial artery pulsating on its fore part. Considering the violence done to the joint, and the constitution of the patient; and men in such employment, you know, are in the habit of drinking largely of porter and spirits, and therefore render their constitutions exceedingly irritable; I told him, that I feared there was scarcely any chance of his recovery, unless he consented to have the limb removed; this he determined however not to submit to, and I therefore did all in my power to save both his life and his limb. The bones were easily replaced, and the parts were brought carefully together. The limb was laid upon a splint, a bandage was lightly applied, and the fore-arm was placed at right angles with the upper arm. The wound united without any untoward circumstances; and the only thing that happened, which appeared in the least to retard his recovery, was the formation of an abscess in his shoulder, which was opened, and immediately healed. The joint was not even completely ankylosed, but he retained sufficient mo-

tion to allow him to resume his former occupation.

If a contrary practice be adopted, if poultices, for example, be applied, the adhesive process is prevented, and suppuration produced, which puts life in danger, or renders amputation necessary. I will, whilst I think of it, give you the result of a case where this practice was followed.

A woman between fifty and sixty years of age was admitted into Guy's Hospital with a wound of the elbow joint, and fracture of both the condyles of the os humeri. A poultice was directed to be applied, and fomentation ordered twice in the day. On the day following the accident, she had a considerable degree of fever. On the third day, the upper arm was exceedingly swollen, attended with a copious sanious discharge from the wound. On the fourth day, her strength was greatly reduced, and the wound had almost ceased to discharge, but the arm was very much swollen; and on the fifth day she died.

In all cases of this accident, the arm should be kept in the bent position; for as ankylosis in a greater or less degree will be the consequence, it is attended with much less inconvenience in this position than in any other. If the bones be

very much comminuted and the wound large, all the detached portions of bone should be removed; but in old people, when much injury is done, there is often not sufficient strength to support the suppurative process; and amputation should be recommended. The edges of the wound should be kept together by placing a piece of lint dipped in blood over them, and a bandage lightly applied, wetted with spirits of wine and water. Even if it should suppurate, it will not be necessary to amputate, unless any thing particular should afterwards happen.

A compound fracture extending into the wrist joint is a very serious accident when the radius is much comminuted, but it is an injury which does very well when the radius is broken without being much shattered. I saw a case of this injury in a patient in the country, where the man met with the accident by falling upon the back of his hand, and the ulna protruded an inch and a half through the integuments; the bone was immediately reduced and bandaged lightly; the wound healed by the adhesive process, and the man recovered the perfect use of the limb. I recollect another case of the same kind, which came under the care of Mr. CHANDLER, in the

other Hospital; I now forget in what manner the accident happened, but the ulna projected through the integuments at the back of the carpus, and a compound fracture of the radius, with great comminution of the bone, was produced. The ulna was first replaced, but immediately resumed its dislocated position on the back of the wrist, although it did not again protrude through the skin. The hand and fore-arm were placed in a poultice, and were ordered to be fomented twice in the day. A copious suppuration ensued, attended with violent constitutional irritation; and Mr. CHANDLER, in order to save the patient's life, after a lapse of several weeks, amputated the limb.

In a similar case, it would be proper, when torn pieces of bone can be felt at the extremities of the radius, that the wound should be enlarged for their removal; and instead of fomentations and poultices being applied, that the wrist should be surrounded by lint dipped in the blood, and a roller loosely applied. The arm should be supported on a splint, so as to keep it perfectly free from motion; evaporating lotions should be applied, and the limb should not be disturbed unless the patient has symptoms of a suppurative process.

a small opening should be made in the bandage to allow of the escape of pus, but still the bandages should be suffered to remain. The patient should be bled from the arm, if the inflammation and constitutional irritation be considerable, and leeches should be occasionally applied under these circumstances. The bowels should be kept gently open, but all active purging avoided. If the suppurative process have extended up the tendons of the fore-arm, it will be necessary to amputate. The operation should not be performed where the tendons are loose in the arm, but further up, in the muscular part of it; you would otherwise have a sloughy irritable stump.

Another untoward circumstance is a *high degree of inflammation* attacking the neighbouring parts. If the patient's general health be good, the inflammation will not extend beyond a few inches around the accident; but if the patient be irritable, and the injury, for example, be in the leg, the inflammation will extend along the course of the absorbents to the groin, and if there be effusion at the same time accompanying this, it must be considered as an indication of great danger. Such appearances must not be treated very actively by depletion; apply leeches, fomentations, and apply poultices to

the neighbourhood of the wound. Lotions also of the liquor ammoniac acetatis, with rectified spirits of wine, should be applied to the inflammation on the limb, whilst the poultice is applied to the neighbourhood of the wound. At the same time, opium should be given to allay the constitutional irritability, and a gentle diaphoresis promoted on the skin, by giving some saline medicines, as the *liq. ammon. acet.* These symptoms generally make their appearance in persons who have lived irregularly, either as regards their diet or their habits. Be very cautious about the administration of purgatives, as they disturb the patient very much; but if absolutely necessary, give an enema.

Another obstacle met with in the treatment of compound fracture is an excessive *spasmodic action* of the muscles. This action is sometimes so violent as to render all your attempts to overcome it absolutely nugatory. In one case it disturbed the limb so much as to render amputation necessary, and on dissection it was found that there was a piece of bone separated from the other parts, and locked between the extremities of the bone.

It is sometimes necessary to amputate from a *want of union* between the fractured ends of the bone;

and on this subject I can furnish you with the knowledge of a circumstance that may be of the greatest importance in your future practice. You may recollect having seen me amputate, a short time since, the leg of a young woman in Dorcas', for a great deformity of the limb; it unfitted her for any of the active duties of life, and she therefore became desirous of having it removed. By some mismanagement or other the bone was fractured in the process of parturition, and although she is now about nineteen years of age, there has not been the least attempt made towards ossific union. The part where the fracture took place is as flexible as a joint, and I therefore wish to put you on your guard, so that you may be very careful to avoid so distressing an accident. I have met with other cases of a similar description, and therefore I am inclined to think that it is generally the result of fractures occurring at that period.

The ordinary treatment of these cases is, to bandage the limb firmly, buckle on a case of firm leather over the limb, and adjust carefully a splint on each side of it, so that no lateral motion may be allowed. If it should happen in the leg, let the patient walk as much as he can on crutches, and thus, by making

pressure on the ends of the bone, bring on a sufficient degree of inflammation to throw out adhesive and afterwards ossific matter. I believe this is sometimes the result of continuing cold applications for too long a period to the part, thus checking that degree of inflammatory action which is absolutely necessary to bring about a restoration of the parts. But if properly managed it is generally unnecessary to amputate in this state of the parts. Mr. AYNESBURY's splints will be found very useful in the treatment of such cases; they have been used at the other Hospital frequently, and I believe have been successful in accomplishing the desired object.

It has been recommended to amputate parts which have been injured by compound fracture when tetanus makes its appearance. But I advise you never to do so, as in the cases in which I have seen the practice tried I have not observed it successful. What I advise you rather to do is, to put some of the extract of opium, liquified by the addition of a little water, into the wound; I have known this succeed when large doses of musk and opium had been taken without producing any effect.

*What is the most proper time to Amputate in Compound Frac-*



tures, supposing the operation to think, alone would furnish an incontrovertible proof of the superiority of the treatment by adhesion to that which was formerly employed.

All the circumstances before mentioned being taken into account, if it will be necessary to amputate in a few days after the accident, then, the sooner it is done the better.

If you amputate at one hour after the accident, the patient will do better than if you leave it twelve hours. For this reason, if a amputate immediately, the constitution has but one shock to sustain, and in general rallies much better than when the amputation is delayed. But if you leave it eight or twelve, there is a great degree of irritation previously set up. The loss of blood is rather a favourable circumstance than otherwise to precede the operation. The persons in whom these operations succeed the least are such as are loaded with adipose matter; if you leave the limb, the constitutional irritation runs so high that it generally destroys life, and if you amputate, they frequently die in twenty-four hours after the operation, from the constitution being ill able to bear the shock which that operation produces. The cases of compound fracture admitted into these Hospitals generally do well in the proportion of about three to four. This circumstance, I

## REVIEW.

*Medical and Surgical Cases; selected during a Practice of Thirty-eight Years.* By EDWARD SUTCLIFFE, Queen-street, London. 8vo. pp. 628.

"In every work regard the writer's end."

Without making any preliminary remark, we will insert from this publication the following cases; contenting ourselves by giving the author's most important observations in a different type; they really merit this distinction:—

"*A fatal Bubo.*—I was hastily summoned to a young man, residing at Lambeth Hill, just prior to the rupture of an artery which had been injured by the buba. The surface of the wound was large, of an unhealthy aspect, and appeared to be the result of an undue degree of long-continued pytalism. The pulsation of the iliac artery, denuded and excoriated by the constant exposure to an ichorous penetrating fluid, was awful. The afflicted patient seemed out of the reach of human interference; though I HAVE SINCE THOUGHT that a ligature applied to the artery might have suspended the bleeding, if not saved his life. On my return home I reflected on these apocryphal words, 'Oh, Adam! what hast thou done?'"—p. 79, 80.

"It is surprising that a bullet will penetrate quite through the chest, and make its exit under the shoulder blade, without material injury to the party; nay, to the permanent restoration of an asthmatic subject, (A GOOD HINT FOR THE MEDICAL OFFICERS IN THE MILITARY DEPARTMENT.)"—p. 303.

"I was called in to Mrs. —, ætatis 25, of Lambeth Hill, many years ago, as a coadjutor; when the reputed talents of the day were Brunonians. This woman was liberally supplied with cinchona and opium, under a view of raising a superior excitement, the expectation of which, however, was vain. During the latter period of her existence I was witness to such a scene of seraphic rapture (for she was a very pious character,) as I scarcely expect ever to see again. At the intervals of consciousness, under the suspension of the anodyne, she exhibited a sacred joy in the approach of death, to which no language can fully do justice. The impression was diffused over all the neighbourhood. I well remember it was an ecstasy of this kind, one Sunday morning, when a frolicsome party peeped into the consecrated apartment, and one exclaimed, 'I'm sure that woman is going to heaven;' and, I should presume, spoiled in consequence the proposed pleasures of the day. In the afternoon I called in again, and after passing upon the power and soul-satisfying nature of the gospel of Christ, she suddenly broke out, with out-stretched arms, 'See, see!' The window opened towards the north. I shall never be persuaded but that she then ACTUALLY BEHELD those angelic beings who minister to the heirs of salvation.

Her glistening eyes portrayed a joy that I wish always to retain upon a grateful memory. The relations and attendants in the room simultaneously called out, 'How beautiful! how wonderful! how glorious!' In the evening she died.

'On thee foul spirits have no power; And, in thy last departing hour, Angels, that trace the airy road, Shall bear thee homeward to thy God.'

WATTS.—p. 315.

"*Varied effects of calomel.*—I have long been in the habit of passing by the house of a young stationer in Goswell-street, and one day seeing him at the door, I accosted him with 'Ah! James, how d'y'e do?' Observing that he bore the marks of 'runder health' than any grazier passing at the time on his way to Smithfield. 'Little do you think,' said I, 'of your deep obligation to the administration of THREE HUNDRED GRAINS OF CALOMEL in the course of *three days*, in a case of formidable croup a few years since; the solvent properties of which medicine rescued you from impending death, without having left a vestige of disease, or of ill effects from the remedy remaining.' On the other hand, Mrs. —, under the treatment of Dr. —, in cynanche, took less than gr. jiii., when ptialism of the most appalling character supervened, and she was carried off rather by the remedy than the disease."—p. 372.

"*Vaginal Stricture* is an occurrence, though rare, inducing much solicitude when the parties enter into 'honourable bonds.' Dr. John Clarke used to pronounce his opinion of the practicability of its correction with great facility by the introduction of a bougie of gradually enlarged dimensions, pre-

paring the bride for that proud and enviable position in which 'ladies long to be who love their lords.'—p. 464.

"*The scrotum injured by a rat.*—A man retiring to a strange privy, of the danger attending which he was not aware, from the vault, which led to extensive communicating waters, harbouring rats of a peculiar kind, was seized by one, who retained his hold so jealously as to dispute the point of entry; as though the quadruped had received a legal education at one of our Inns of Court. No evil resulted from the event, further than its serving as a subject for a great deal of merriment in the rude and extensive circle."—p. 468.

"*A caution in the external use of Hydrargyri Ozymurias.*—Miss L., of the Strand, æt. 5, was brought to me, affected with tinea capitis, communicated at school. Not having witnessed the efficacy, at that period, of the Cupri Sulphas, I advised a few grains of Hydrargyri Ozymurias, rubbed with pomatum, and applied externally. Several days afterwards I was summoned to see this child, whom I found labouring under the most profuse pytalism I ever witnessed. My alarm and regret were instantly unspeakable. I requested the important aid of Dr. Babington, my guide and instructor thirty-four years ago: he, with his accustomed urbanity, sympathised with and accompanied me. The onus of the case was considerably relieved by such a valuable advocate: BUT THE MOST SOLEMN REQUEST IS, THAT AFTER A FEW MORE DAYS MY LITTLE INTERESTING PATIENT EXPIRE!"

While Professor C—— was in

the dissecting room at Guy's, busily separating a muscle, and our conversation was upon animal heat, the subject of great medical controversy at that time, little P—— (afterwards oculist to his late endeared Majesty, bringing in his hand a bullock's eye, at that instant) said humourously, 'Sutcliffe, I would rather KILL twenty patients, and know the cause of their death, than recover one for which I could assign no medical reason.'—p. 508.

"*Apoplexy.*—It is more easy to reflect than to act. The premonitory symptoms in the case of T. Chevalier, Esq. (a pious character, a rara avis in the professional world, and an illustrious star of the first magnitude in the medical horizon,) were so distinct and unequivocal, conjoined with increasing obesity, that one cannot help (though regret is now unavailing) expressing surprise that such a deadly foe in ambush was not suspected, and cautionary measures vigorously adopted; but it seems that the recognised proverb must be fulfilled, that, While their patients die secundum artem, practitioners generally refuse the use of all means, placing too implicit a reliance upon nature's resources: for instance, the majestic Dr. Pitcairn took not a grain of medicine in his last illness."—p. 510.

"*Magistrates should have clean hands; on burning out a procreant.*—A house of ill fame had long annoyed the neighbourhood; and, becoming worse and worse, it was resolved, after much altercation, that this Augean stable should be cleansed. The summary proceedings, usual on such occasions, were unexpectedly opposed, on the part of the inmates, by a

menace, that, if annoyed, they would expose the names of some of their distinguished visitors. This positive threat had such an effect that the legal proceedings were postponed *sine die*, and the impudent wretch of a procuress actually retains undisturbed possession of her filthy stew.

"I do not know to what officious wag I am indebted for a message demanding my medical services at a house of ill fame. When I found, however, that it was a hoax, I made a hasty retreat, for character's sake.

"Judah the judge said, 'Bring the whore forth, and let her be burnt;' when, upon further inquiry, the judge was found to be the father of the illegitimates! Gen. xxxviii.

"What says the sweet singer of Israel?"—p. 523.

"*Revelatio quam ratio: a grave charge.*—During my attendance upon Mrs. M——, of Creed-lane, one Monday morning, to take my leave *pro forma*, she astonished me with the account of the following occurrence: 'O! Sir, I wish you had been here yesterday morning, the whole neighbourhood was in a roar of laughter: that house, pointing to the south, 'has long borne a bad character. On Saturday evening an old gentleman brought in a young lass,' (the latter, by the way, was the lesser delinquent), 'and early on the following morning she contrived to escape without the knowledge of her paramour, and took with her his large bundle, exulting in her unknown prize, and exclaiming she had 'bilked the old fellow.' And what do you think it contained? why nothing less than the sacerdotal robes of a dignified clergyman.

The poor man, upon the discovery of this loss, could not refrain from uttering his grief and disappointment before them all: for 'what shall I do?' he observed; she had even taken his sermon with her, and he had engaged to preach it for a public charity, a few miles north west of the metropolis, (I am unwilling to exhibit the name of the place,) where he told his wife and daughters he should sleep. 'O! Sir,' added Mrs. M—— 'what a crying shame!'

"It was not possible, for some period after the recital, to compose myself so as to appear sober abroad: and I was obliged to wait until I could get my risible muscles into some order. ON MY REACHING HOME, WE HAD A SECOND EDITION OF THE STORY. *O tempora! O mores!*"—p. 577.

Such is the trash, the contemptible trash, which the author has had the ignorance and folly to advertise to the medical world, under the imposing title of "*Medical and Surgical Cases.*" In point of fact, there is not to be found, in the entire work, the record of a single case which would not be a disgrace to the pen of the most stupid apothecary's apprentice in the kingdom. Indeed we do not know who could have written so much nonsense—who could have congregated such innumerable fooleries, as are to be found in the work before us—with the exception of some half-dozen of the gentlemen who form a part of the honourable and intellectual Court of Examiners at our most fortunate College. If we take into consideration the mental capability of the majority of the gentlemen who constitute that body, comparative reasoning would lead us to conclude, that Mr. SYLVESTER

is of all men the best qualified, on the plea of equality of intellect, to supply the first vacancy which may occur in that quarter.

*Case of a young woman who has discharged, and continues to discharge from her stomach, a number of Insects.* By WILLIAM PICKELLS, M. B., one of the Physicians to the Cork Dispensary, &c.

This very extraordinary case is recorded in the last volume of the *Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland*; a very meritorious, valuable, and spirited work, and of which we shall take farther notice in some of our future numbers.

The subject of this singular case is Mary Riordan, aged 28 years; she is of marked sensibility and melancholic temperament, or she may be described as labouring under religious melancholy. As the patient is still living, and as her horrible affliction has not terminated, we shall defer giving the whole of Dr. Pickells' detail to another opportunity; our present extracts however will be more than sufficient to point out to our readers the nature of this young woman's most appalling malady. The first discharge of insects took place on the 22d of April, 1822, and was preceded by a flow of blood from the mouth, nose, and ears. The various insects which have been at different periods ejected from April 1822 to 1823, have been represented in the plates which accompany these *Transactions*. Dr. Pickells says,

"Of the larvae of the beetle, I am sure I considerably understate when I say that, independently of above a hundred evacuated per anum, not less than seven hundred have been thrown up from the stomach at different times since the commencement of my attendance. My own reckoning, during my personal attendance, gives upward of four hundred; but in this calculation is not included the number thrown up during my absence of three months, a period marked by the expulsion from the stomach of such larvae, almost daily, in some instances, as reported, to the amount of above thirty at a time. A great proportion were destroyed, from an anxiety to evade publicity. Many too escaped immediately after having been vomited, by extricating themselves quickly from the vessel, and running into holes in the floor.

"Upwards of ninety were submitted to Dr. Thompson's examination, nearly all of which, including two of the specimens of *tenebrio molitor*, I saw myself thrown up at different times. The average size was about an inch: many, however, which I measured, were an inch and a half in length, and four lines and a half in girth.

"The larvae of the dipterous insect, though voided only about seven or eight times, according to her account, came up almost literally in myriads. They were alive and moving. None of those have been known to have been discharged within the last seven months.

"The larvae of the beetle were, with few exceptions, lively and vigorous in the extreme; nor was it possible, without a feeling of horror, to view them wriggling along the bottom of the vessel in which they

were preserved, occasionally expanding their jaws, and extending their denticulated feet, or 'talons,' as their unfortunate victim used to call them. Some, which were apparently dead, revived upon exposure to heat.

"Enclosed in empty pill boxes several lived upwards of a month. Mr. Clear, of this city, has succeeded in preserving some of the earliest thrown up, still alive, now after an interval of a year, by keeping them in little pots filled with clay, and so secured as not to exclude the air. Some specimens of the larvæ of blaps, which I gave to Mr. Clear, when kept in flour, were observed to be continually running to the surface, as if impatient of their situation, and seemed not to thrive; but when placed in clay, quickly buried themselves, and seemed to enjoy their native element." 209.

Dr. Pickells having been desirous to ascertain by what mode these insects, or their ova, were introduced into the stomach, the patient, in reply to his interrogatories, stated, that

"When she was about fifteen years of age, it appears that two much respected clergymen of her persuasion having died, she was told by some old women, that if she would drink daily, during a certain period of time, a portion of water infused with clay, taken from the graves of these clergymen, she would be secured for ever against both disease and sin. She accordingly walked to Kinsale, a distance of twelve miles, where one of the clergymen was interred, and succeeded in bringing away an apron and pocket-handkerchief full of clay from his grave. To this she added, upon her return, a hand-

kerchief and some mugs full of clay, obtained from the grave of the other clergyman, who was buried in this city. Her practice was, to infuse water from time to time, according to the exigency, in a vessel containing a proportion of clay so collected, the mixture having been always allowed to rest until the grosser particles of clay fell to the bottom." 212.

We would, in conclusion, merely hint to Dr. PICKELLS, the necessity which often exists of taking particular care to guard against imposition. It appears to us to be required in the present instance.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

#### REVUE MEDICALE.—JULY.

We shall now proceed to notice the remaining article contained in this Journal worthy of note, which is an account of a *Cyst developed in the Brain after a fall*, by M. BALLY, Physician to La Pitié.

The subject of the present case was thirty-three years of age, and the mother of five children. In the month of October, 1823, she was admitted into La Pitié for an affection of the chest, from which she perfectly recovered about the middle of the following January. Just as she was going to leave the hospital, she had a violent fall, and struck the right mastoid process. This was followed by a dull pain in the head, for which she was bled from the arm by leeches, put into a warm bath and on a spare diet. These means produced little or no

relief, and on the second day after the accident she had partial paralysis of the left side, with marked diminution of the sensibility. The patient could not walk without help, nor without being obliged to draw the left leg after the other. She could not rise from the bed without the assistance of the right.

From the first to the fifteenth of February there was an apparent amelioration; the appetite had improved, the heat of the skin and the febrile symptoms lessened, and the left side was beginning to regain its strength. But on the 16th, i. e. twenty-five days after the accident, the head became heavy and more painful, with a tendency to turn to the right side; the patient moved herself with great difficulty, and was obliged to be supported by means of several pillows. On the 26th of February, (the seventeenth day,) the head was turned and firmly bent on the right shoulder; the violence of the pain also compelled the patient to cry out. In the course of the day she fell into a deep stupor, and continued in this state till the 2d of March, when she died at two o'clock in the morning, thirty-eight days after the fall.

*Inspectio cadaveris, thirty-two hours after death.*—Great emaciation; head inclined to the right side and firmly fixed on the right shoulder. At the point of union of the middle third with the posterior third of the right hemisphere of the brain, a projection was observed on its superior surface. The tumour was soft and elastic, and gave to the touch the sensation of a liquid contained in a sac. The convolutions covering it were larger than natural, and whiter than the adjoining ones; they had the appear-

ance of being unfolded. A crucial incision was made into the cerebral substance in this part, which was scarcely a line (one-twelfth of an inch) in thickness, when it was found that the projection was owing to a cyst, having the parietes thick, and developed just above the right ventricle, towards the posterior third of the optic thalami, from which it was separated only by a line and half of the cerebral substance. Posteriorly, a lamina of medullary tissue, which was quite distinct, thin, hard, furrowed, and very easy to be dissected, was found that half of the sac was resting on it. On carefully dissecting it, it was perceived that this substance was united to the cyst by very thin cellular tissue. That part of the brain resting on the anterior surface of the sac was not much altered in consistence, if any thing it was rather softer than natural.

The cyst could be detached with perfect ease, and rolled on the table like a ball; superiorly it had very much the appearance of the shell of a particular kind of snail found on vines (*Helix vigueroni*). The cyst was separated from the left hemisphere only by a quarter of an inch of cerebral substance; the extent from the top to the base was three inches and a half, its greatest transverse diameter was two inches and five lines, and its smallest two inches and a quarter. Its weight, before the cyst was emptied, was three ounces and twenty-four grains. The parietes were more than ordinarily firm and thick, so much so that I could with ease discover three membranes. As for the matter contained in the sac, it had no smell, and very much resembled scalded milk. The rest of the brain was healthy.

*Thorax.*—The lungs were in a good state, with the exception of the middle part of the left, which firmly adhered to the pleura costalis by a thick, dim, cartilaginous pseudo-membrane. There was one excavation only, which was of a sufficient size to admit a small almond, and covered by thick, dense pulmonary tissue. The mucous membrane of the bronchia was red. No traces of disease were found in the other parts of the body.

### *Efficacy of the Wormwood Root in Epileptic cases.*

[From HUFELAND'S *Journal der Practischen Heilkunde*, April.]

Dr. BURDACH, of Triebel, near Sorau, has discovered that the root of the *artemisia vulgaris* (common wormwood) is a very efficacious medicine in epilepsy. This physician recommends that the plant should be gathered in autumn, towards the middle of October, dried in the shade without being washed, and not pulverised till the moment it is wanted. It should be exhibited in the form of powder, and about half an hour before the fit is expected, or at least, as soon as the signs of its approach begin to manifest themselves. To an adult it may be given in the dose of from 50 to 70 grains in some warm liquid. After the patient has taken the medicine, he should go to bed, and cover himself well up for the purpose of promoting perspiration, which he may also aid by taking some more warm fluid. When the perspiration has ceased the patient may get up.

Dr. BURDACH asserts, that the first dose even affords relief, and not unfrequently effects a complete cure. He recommends the inter-

val of a day between each dose, and gives five cases in which the wormwood-root succeeded. From experiments made at the clinical institution at Berlin on ten epileptic patients, three were cured more or less speedily, three relieved, and four not benefited. The experiment is worthy of a further trial, as remedies for combating epilepsy cannot be too multiplied, till pathological anatomy furnish us with a complete history of this distressing affection, by which we may found a treatment on rational bases. We will give a few of the cases recorded by M. M. HUFELAND and BURDACH.

A woman, æt. 41, having made several campaigns with her husband who was a soldier, became hysterical at the conclusion of the peace, owing, as she supposed, to the want of her accustomed exercise. Two abortions, grief and irregularity in menstruation very much aggravated her complaint. She was seized with convulsions very similar to those which epileptic persons have, excepting that the stupor was absent. The patient never lost her recollection *in toto*. After her admission she was seized with five or six attacks which were of a true epileptic character. As each of these attacks was announced by a feeling of uneasiness and agitation, the wormwood was given to the patient at 1 o'clock p.m. just as the forerunner of the complaint had exhibited itself. A copious perspiration took place in the night, which lasted till morning. The patient did not sleep a moment, but when she arose felt herself much relieved. On the 17th of April, however, towards 2 o'clock in the afternoon, she was suddenly seized with an attack of epilepsy.



which was followed by another equally violent in an hour afterwards. The patient then fell into a deep sleep, and did not awake till the following morning. Sixty-two hours after the first dose a second was given in some warm fluid. This was soon followed by profuse perspiration, and on the next morning she voided a considerable quantity of high-coloured urine, which, however, had no sediment. The patient found herself much relieved, and, in the following morning, the complaint had not returned. On the 6th of May, she quitted the hospital; for two years she has enjoyed perfect health, and has never felt the slightest attack of epilepsy.

A girl, eighteen years of age, subject to epileptic attacks for the lapse of two years, which had been continually increasing in such a degree, that at last she frequently had twelve in a day. After that the patient took three doses of wormwood, the attacks were reduced to two a day, and these were of short duration. For a considerable time past she has had no more attacks.

A girl, seventeen years of age, attacked with epileptic fits for the last five years, owing to bad treatment, as she had received some severe blows on the head. The attacks occurred regularly every day and at the same hour. One dose only of the wormwood, which was followed by a slight perspiration, succeeded in effecting a complete cure.

A man, twenty-nine years of age, subject for the last four years to periodical epileptic attacks, which were produced by a fall into the water when in a state of drunkenness, was radically cured by two doses of wormwood.

A man, thirty-six years of age, slightly idiotic, had suffered, ever since his birth, two attacks, at least, of epilepsy every week. Three doses of the wormwood were sufficient to delay the attacks, so that he had only one a month. At last a powerful dose taken once a month succeeded in preventing a return of the attacks altogether.

A girl, æt. 16, was subject to epileptic fits, which had come on without any assignable cause. The attacks generally came on every forty-eight hours. One dose only of the wormwood-root effected a thorough cure.

#### *Obliteration of the Œsophagus in a new-born Infant.*

M. VAN CUYCK surgeon at Brussels delivered a lady of that town of a child arrived at its full time, and it was in a good state of health. On the following morning the surgeon was informed that the child could not swallow, that on being put to the breast it fell into a kind of convulsion, the face having assumed a blue tint, and at last the milk which had been taken had been returned by the mouth and nostrils. Two small spoonfuls of some sweetened fluid were administered, and on swallowing them the child immediately became nearly black. A cat-gut bougie was attempted to be introduced into the œsophagus, but it met with an insurmountable obstacle before it reached the stomach. The child died on the third day after birth, when the surgeon opened the body, and found the inferior extremity of the œsophagus converted into a ligamentous cord, to the extent of about two inches. The cardia formed a complete cul

*de sac.* The remainder of the gastro-intestinal tube was quite natural.—*Gazette de Santé, Septembre 5.*

*On the employment of Cold externally.*

However ancient this remedy may be, we require, notwithstanding, some precise rules to direct the practitioner in its employment. It was freely employed by the ancients, from the days of HIPPOCRATES to those of CELSUS and AETIUS. With the moderns, CIRRILLO, SARCONI, GOTTFIELD, &c., have used it in the treatment of malignant fevers; and we all know that Dr. CURRY and GIANINI have particularly recommended its employment.

Without going into superfluous details, let us observe what ordinarily happens when cold is applied to the surface of the body. When a person touches ice or snow, he finds at first a numbness in the organ brought into contact with either of these bodies. If continued longer, there is a painful sensation produced; the circulation is impeded, and the part remains pallid. These marks clearly indicate that cold is a sedative agent; that is to say, it is an agent which weakens the vital powers of the part to which it is applied. But see what happens after this first effect of cold. If its application be continued to a sufficient extent, the fluids do not return to the parts which they have quitted, the living energy is rendered inactive, and may even become extinguished. This is the case in frost-bitten parts. If the degree of cold be not sufficient to destroy the vitality of the part, it will remain concealed

for a greater or less time, until the cold either ceases, or the circulation returns by degrees, from the part becoming habituated to that cold which had at first paralysed it.

Cold, from its acting in this way, may be employed advantageously in all cases in which it becomes necessary to repress increased action; and it may be considered a very powerful, if not the most powerful sedative.

But, on the other hand; if cold be applied to a part, and immediately removed, that part, which was momentarily weakened, recovers directly after, a new life; the fluids which had been repelled, return with greater force and velocity; the heat becomes more developed; and instead of languor and sluggishness, there is an evident increase of the vital energies. Every one knows, who has handled snow for a few minutes, that the hands become afterwards hotter, and more inflamed. It is this consecutive movement of expansion, it is this reflux of the blood, which is called the *vital reaction*. Cold is then, in this case, a *true stimulant*; a tonic power which excites the vitality of organs.

From the simple observance of the phenomena we have just noticed, it is evident, that cold is as much a sedative, or depressing agent, as it is a tonic and exciting power; and that these effects, in themselves so opposite, depend on the manner in which it is applied to the animal economy. It is then the nature of the disease, and the indication it affords, which are to determine us in the employment of it, according to the one mode or the other.

Does the practitioner ever re-

rouse the dormant energies, or to excite a brisk action on the skin, or even to produce perspiration—the cold affusions, or the cold bath, ought not to be continued for more than one or two minutes, or even as many seconds. Reaction is afterwards promoted by the heat of the bed; and this reaction is established with the greater force according as the subject is the more vigorous; it carries the fluids to the surface of the body, and oftentimes removes particular congestions, which would, otherwise, produce serious diseases.

It is thus, that on the first appearance of typhus, or of camp or hospital fevers, we frequently arrest their progress by cold affusions over the whole surface of the body. M. FRÉLICH asserts, that in these cases, he has never known the practice fail of success. But when, on the contrary, the object is to diminish vital excitement, as irritable inflammation, for example, it becomes necessary to make an essential distinction.

If the disorder be a general one, as a fever, and whether that fever be simply acute, or scarlatina, or measles, &c., it is clear that you could not in such cases plunge the patient completely into a cold bath, and there keep him for some time. Life would by such a step be soon destroyed. In such cases it is necessary to limit the patient to one bath, or to cold affusions of one, two, or three minutes. But we repeat the immersion, or the affusions, several times during the day, and we find that the fever and the heat are lessened at the same time.

M. F. frequently treats his patients with ablutions only, repeating the frequency of these according to the degree of heat of the skin.

If, for example, the thermometer showed the heat of the surface to be not above 98° of Fahrenheit, and the skin dry, he would wash the body with water heated to 90°, repeating it each time the skin became dry, and give the patient cups of warm tea. If the thermometer was at 99°, he would then use water at 86°. If the heat of surface was 100°, the water should be used at 75°, and the ablutions repeated more frequently.

M. TANCHOU speaks of cold in the following way.—“Cold is the natural antidote to inflammation. In all cases of inflammatory diseases, excepting such as are very circumscribed at the onset, or possess a chronic character, at all times, whenever there is any constitutional reaction, it will be proper to precede the application of cold by general, or by sufficient local, blood-letting.” This depletion having been once practised, he recommends the water to be applied at first at the lowest temperature at which it will remain fluid, and he insists especially on the necessity of keeping this for a long time on the part where you wish the inflammation to be checked. Without attention to this circumstance, the reaction that follows increases the disease, and probably kills the patient. It is much better to apply water at first than pounded ice, because it is necessary to accustom the part gradually to the degree of cold you design it to bear, and when once that cold is applied, do not allow any temporary cessation of its action, as reaction would immediately follow.

In treating erysipelas, he says, however severe or extensive it may be, that he should employ water at

first lukewarm, then a little cooler, and gradually diminish its temperature until quite cold, and even ice if necessary. That we should take the precaution to keep it on the diseased part continually. That we shall never have to fear any metastatic repulsion, but always succeed in overcoming the disease. — *Journal de Med. et des Sc. Access.*

### *On the Contagion of the Plague.*

M. Valli has recently made some experiments on this subject, in America, amounting to near three hundred, and from which he has obtained the following results:

1st. That the plague is a contagious disease, and that persons who have had it once are rarely attacked by it a second time.

2dly. That the infection may be communicated to a person by his rubbing his skin with a small quantity of the matter taken from a bubo.

3dly. That a mixture of the matter of the plague and of small pox matter, rubbed on the skin of a person who never had either the small pox or the plague, produces a mild form of the plague, quite free from danger, and which will afford protection from every subsequent contagion. But the disease will not be so mild if the person inoculated in this manner has before had the small pox.

4thly. That if you mix carefully some of the pestilential matter with oil, or anyunctuous substance of the same description, and then rub the skin with it, a mild form of the plague will be the result, which will safely preserve the person from every other infection. — *Ibid.*

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

#### *A case of Fracture of the Ribs and Scapula, with Emphysema.*

W. C. aged 60, a robust athletic man, but of regular habits, was admitted into Accident ward.

Sept. 6.—He stated that he had been thrown out of a gig, and had very much injured his side and back. On examination it was found, that the fifth and sixth ribs on the left side were broken, and that there was also a fracture extending through the dorsum of the scapula, about midway between the spine and the inferior angle. By fixing the upper part of the bone firmly with one hand, and twisting the lower part of it with the other, a crepitus could be distinctly felt.

The air had escaped from the chest through the wounded parietes, and had extended forward and downward principally, but also a little upwards, raised the integuments and cellular membrane, and yielded a distinct crackling sensation on pressure.

On the same evening he was bled to the amount of sixteen ounces, and had the left arm gently supported in a sling. He passed the night without much pain, but had a few fits of coughing, which shook him very much, and displaced the broken extremities of the bones. The emphysema had extended upwards, toward the morning, but as he breathed without difficulty, and his pulse only 74, it was not considered necessary to bleed further.

8th.—He took this morning gentle aperient medicine, after

operation of which he felt less rest-  
less than before. The emphysema  
is considerably diminished, and  
the cough is much better. A wide  
flannel roller was passed around  
the chest to confine the motion of  
the ribs, and also to secure the  
lower part of the dorsum of the  
scapula; the stellate bandage was  
also applied to keep the shoulders  
back, and the elbow was supported  
in a short sling.

10th.—He feels very comfort-  
able, his tongue a little furred, but  
moist, and his pulse 78. The air  
which was effused is entirely ab-  
sorbed.

15. No unfavourable symptoms;  
merely requires a little cathartic  
mixture occasionally to regulate  
his bowels, and is still kept on low  
diet.

20th.—Still going on very well;  
when the bandages were shifted  
this morning, the place where the  
fracture happened through the sca-  
pula could scarcely be detected.  
His breathing is easy, skin cool,  
and pulse 70. Nothing can pre-  
vent his doing well; his regular  
habits and his age having no doubt  
contributed essentially to his safety.

*A case of Strangulated Inguinal  
Hernia, requiring operation.*

J. T., a man about the middle  
age, was brought into the Hospital  
on Friday the 17th, about eight  
o'clock in the evening, labouring  
under the symptoms of a strangu-  
lated hernia. There was a large  
tumour in the left groin, exces-  
sively hard, and very tender to the  
touch, attended with violent pain  
across the upper part of the belly,  
frequent vomiting, and complete  
constipation.

He had been under the care of

a surgeon in the Borough High-  
street, who had attempted unsuc-  
cessfully to reduce it, and there-  
fore sent him to this Hospital.  
The intestine had been strangu-  
lated since Tuesday the 14th, and  
therefore afforded but a bad chance  
for his recovery. However, it was  
considered right to put him into  
the warm bath and administer the  
tobacco enema. These were done,  
and the taxis again employed, but  
to no purpose: the operation was  
now proposed, to which he imme-  
diately consented. Mr. KEY made  
an incision on the centre of the  
tumour, about two inches and a  
half in length, and in the usual  
way exposed the peritoneum form-  
ing the hernial sac; but on laying  
this open, the intestine was found  
in a state of gangrene, easily torn  
by the slightest friction, and the  
seat of the stricture was at the in-  
ternal abdominal ring. After hav-  
ing divided this, Mr. K. made an  
incision freely into the intestine,  
and evacuated the feculent matter.  
The external wound was partly  
closed, and some simple dressing  
laid over it. The common injec-  
tion given, and some purgative  
medicine ordered. The patient  
gradually sunk through the night,  
and in the morning expired. No  
examination was made of this case,  
as the friends would not give their  
consent.

*A case of Erosion from the In-  
ferior Maxillary bone.*

C. H., a little girl aged 11,  
came into Charity's ward on the  
31st of August, with a large ex-  
crescence from the lower jaw. It  
is a large, firm tumour, having a  
broad base of a reddish colour, and  
appears to arise from the cancell-

lated structure of the bone. It reaches a considerable way into the mouth, particularly on the left side, but extends principally on the fore part; carrying the lower lip before it, which it has very much stretched. The tumour has been about two years forming. Sir ASTLEY, when he last saw the child, said, that he thought it might be removed by the action of the absorbents only, provided the supply of blood was cut off, and proposed for this purpose to saw through the bone partially on each side of the tumour, and at the same time divide the inferior maxillary arteries. The child's health is good, but there is no application made to the part. From motives which we shall have hereafter to notice, this operation, with many others, has been postponed, and will be, no doubt, until October.

The only operation performed this week, in addition to that for the hernia, was the injection of an hydrocele by Mr. KEY.

The accidents received this week are, a wound of the scalp, a large incised wound of the arm, from the man's falling on a large knife, a fracture of the clavicle, and a wound of the fore-arm.

Sir ASTLEY COOPER has, by rest, capping, and blisters, almost recovered from the effects of his accident, and is expected in the Borough next week. We understand that the *partridges* are glad to get out of the worthy Baronet's reach!

#### ST. THOMAS'S HOSPITAL.

*An interesting case of Rheumatic Inflammation, and purulent Ophthalmia, following the sup-*

*pression of a gonorrhœal discharge.*

T. H., aged 30, by trade a blacksmith, was admitted into George's ward on Sept. 16th; he contracted about three weeks since a gonorrhœa, which continued about a week, and then suddenly ceased.

He was immediately attacked by a severe degree of inflammation in each eye, followed by a copious purulent discharge; this continued two days, and then, by using some astringent lotions, subsided. The day following the disappearance of the ophthalmia he worked before a large fire, and had to run frequently into the open air, and in the evening, after receiving his wages, he went to a neighbouring public house, and had one pint of porter, and just as he had drank it, he felt suddenly such a weakness in his ankle joints that he could not support his weight, and fell to the ground. He was obliged to be carried home; the pain in his ankles continued to increase, then extended to the knees, and afterwards the shoulders and elbows were also attacked.

He was brought in a very helpless state to the Hospital, and underwent a very painful examination by the Surgeon of the week, who dismissed his petition; but presenting himself again on the following admission day, he fell under the notice of an individual possessing a little more discrimination, and was taken in.

There was considerable effusion into the knee joints, with very great tenderness to the touch, but not any discolouration. The patient could not bear the least weight on his feet, from the pain which the attempt immediately produced.

17th.—The pains continued just as yesterday; his tongue furred and dry, pulse 96; skin very hot. Had no sleep for the night. Ordered *magnesia sulph.* ʒj. *liq. antimonii tart.* m.xv. *mist. ammon. acet.* ʒj. *ft. haustus*, 6tis horis *repetendus*. *Hirudines octo singulo genu.*

18th.—The medicine has produced a brisk action on the bowels, and the skin is become moist; pain rather less; pulse 90. Tongue still very much furred.

19th.—Had a better night than before; pain just as yesterday; bowels still acted on by the medicine; continues the mixture and the fever diet.

21.—The swelling of the knees considerably less; can suffer them to be pressed without giving him pain; had a quiet night, and slept four hours. Yesterday afternoon perceived a discharge from the urethra, which has since increased. The swelling is quite gone from the ancles. The left shoulder still continues painful.

[To be continued.]

*A case of Compound Fracture of the Os Humeri, and a simple Fracture of the Radius of the same Arm.*

S. R., aged 30, a private in the regiment of Guards now in the Tower, had his arm caught in a capstan, whilst employed in lifting some hemp into a warehouse, and was brought into King's ward, Sept. 20.

The humerus was fractured transversely, about three inches above the elbow, and from this fracture another extended downwards, which detached the internal condyle. The radius was fractured about two inches above the wrist. The wound over the frac-

tured extremities of the humerus was an inch and a half in length, but was accurately closed, and small straps of adhesive plaster used to retain its edges in apposition.

The fore-arm was bent to a right angle with the upper arm, and laid on a well-cushioned splint of the same shape; a many-tailed bandage was laid over the fore-arm, and two shorter splints placed on the humerus, and another on the back of the fore-arm, and the whole properly secured by tapes.

Great tension has since followed, and there has also been an oozing of blood from the wound. Evaporating lotions have been applied, but the tapes have since required to be loosened.

[To be continued.]

The patient has since been attended by this week, and has been attended by this thigh, two cases of scalds; a dislocation of the os humeri forwards beneath the pectoral muscle; and a fracture of the clavicle.

No operations have been performed this week.

CLINICAL LECTURE.

GENTLEMEN,—The last time I met you, (said Mr. TYRRELL,) I described the symptoms of concussion; I shall now give some account of fractures, and shall this day conclude the subject of injuries of the head, and show you the mode of removing portions of bone by the trephine.

I mentioned that there might be simply concussion of the brain, which is usually followed by inflammatory action; that there might be also cases of concussion, attended with laceration of some minute vessels and consequent ex-

extravasation. But in severe cases of concussion, life may be destroyed without either laceration or extravasation, at least none could be detected on dissection.

I shall now give you my opinion as to the treatment of *Fractures of the Cranium*. Fracture may take place with concussion, without there being any depression of bone, and the patient would require to be treated as if it were simply a case of concussion.

*Fracture with depression*, although unattended with symptoms of compression, will require the depressed portion to be removed generally; but when accompanied with an external wound, it is always recommended to remove it, and I should make it a point to do so. Where there are symptoms of compression, with depression of bone, you should always, in such cases, perform the operation for the removal of the depressed portion. For it most frequently happens, that although the patient may do perfectly well under the antiphlogistic treatment, when kept perfectly quiet and confined to his bed, yet when he has to enter on the active duties of life, and has to exercise his moral as well as his physical faculties, that the organ most intimately connected with these will suffer to a greater or less degree, from the mechanical irritation produced by the depressed portion of bone. If you should be disposed to adopt the antiphlogistic plan in preference to an immediate removal of the bone, or when inflammation should succeed to this operation, your main dependence would of course be on bleeding, and in addition to the abstracting blood from the arm, I think there is evident advantage in taking

blood also from the temporal artery, and the way in which I usually do this is as follows: I pinch up the integuments transversely over the frontal branch of the temporal artery, just about the place where you would generally make an issue, and divide them with a lancet; they immediately retract, and leave the artery sufficiently plain, then make a longitudinal incision into it, as you would in opening a vein, and after taking the quantity you think proper, you may easily command the hemorrhage with a compress and bandage. Large pieces of bone may be removed, and the dura mater laid bare; it may even be perforated, and portions of the medullary and cineritious structure of the brain may be forced through these openings, and yet the patient may do perfectly well.

There have been many opinions entertained on this subject, but what I give you now is the result of my observations, and, I believe, that the existing discrepancies of opinion may be traced to a want of attention to a particular point, and that is, whether the inequality on the surface of the cranium be produced by the depression of the outer table of the bone merely, or whether both the tables are at the same time depressed. It is evident that the former injury may happen without any derangement taking place in the functions of the brain. The depression of the outer table only is more likely to happen in the middle period of life than at any other, because the diploe is then more distinct; and the part of the cranium where the accident has occurred may also assist us in forming an opinion, as you know that there is a greater space between



the outer and inner tables in one part of the cranium than in another. But where, with this depression, symptoms of pressure on the brain had made their appearance, I would, as I before said, immediately operate.

Compression of the brain, however, may be borne to a considerable extent, from depression of bone, without destruction to life. Sir ASTLEY COOPER gives an instance of this in his Lectures, where a man had been labouring under compression of the brain for twelve months, yet was relieved by having the depressed portion of bone removed, which was done by Mr. CLINE. Previous to your performing any operation, there are many circumstances which you should recollect. Take care that you do not mistake an effusion into the parts immediately surrounding that on which the contusion was first received, producing an apparent hollow in the centre, for a fracture with depression of bone. You may distinguish this pretty accurately, if you are careful in feeling the tumour; it will shift a little from one side to the other, and a fracture has not its edges projecting above the level of the sound cranium, which this swelling distinctly has. Then as to the parts where it would be improper to apply the trephine I have no doubt most of you are acquainted with; these are the inferior angles of the parietal bones, anterior and posterior; or immediately over the courses of the longitudinal and transverse sinuses, or over sutures. It will, as a general rule, be improper to trephine below a line drawn from the upper margin of the orbit, along the top of the ear, to the transverse ridge of the occi-

put, or on a line drawn vertically from between the orbits in front, to the tuberosity of the occipital bone behind.

The instruments necessary for the operation are very few, and very simple; they are a scalpel, an elevator; a trephine, Hey's saw, and a probe.

Supposing the operation to be decided on, and you are satisfied as to the situation of the fracture, you first make an incision through the scalp, about two inches in length, or sufficient to expose the whole extent of the fracture, and, I think, if you make a crucial incision, you will do this better. This incision should also enable you to see a considerable portion of the sound bone, and allow you to apply your trephine principally on it. Then raise the pericranium in the same direction, but take care not to expose more of the bone than is necessary, as you are cutting off the principal means for the supply of blood to the bone, and exfoliation would be the consequence.

You now make a careful examination of the bone; if there should be any detached portions, you can immediately remove them; if an angle of bone merely be depressed you can introduce your elevator and raise it; if the piece which is depressed, however, should have splintered away a larger portion of the inner table with it than the outer, then it is locked beneath the sound portion, and you could not, by simply elevating, remove it. What you have to do in this case is, to remove the projecting edge of the sound bone, by this instrument (Hey's saw), to a sufficient extent to extricate the confined portion, and with the elevator you may then easily remove it. Indeed, in most

cases, you may generally succeed by one or other of these means. But if the depression should be nearly circular, you would not be able to get the elevator beneath, and then it becomes necessary to apply the trephine on a portion of the sound bone. The trephine should be made to bear principally on the sound bone: the circle described by the trephine should include two thirds of the sound bone, and the remaining third project over the depressed portion.

The mode of applying the trephine is this: you first push down the perforator and make a few turns with it, until the teeth of the trephine have worked a little into the bone; you then withdraw the pin, and continue the same rotatory motion of the trephine; it should be withdrawn frequently, and the parts be examined with a probe. You may generally know when you have reached the diploe, by some blood oozing out, and you frequently succeed in lifting the other table, although you may not have sawn more than about half way through the bone. At all events you should try to do so (Mr. T. performed the operation as he proceeded in his description.)

The principal danger in the operation of trephining is, that of injuring the dura mater with the teeth of the instrument; but, by attending to the precautions I have just mentioned, I think this may be avoided.

The *after-treatment* consists principally in guarding against inflammation and its consequences. You should replace the parietalium and scalp as accurately as possible, and put over the wound a bit of simple dressing, and occasionally a cold white-wash poultice.

It occasionally happens, that granulations arise rather too exuberant from the surface of the dura mater, producing a fungous appearance, projecting beyond the level of the other parts. These may be easily restrained, by applying a few pieces of lint dipped in lime-water, and assisting its action, by making gentle pressure on the part. It does not occur to me that there is any thing more of importance to mention on this subject at present; but if any gentleman wishes to have my opinion on a point which I have not noticed I shall be happy to give it him.

### MIDDLESEX HOSPITAL.

#### *Case of Fracture of the Cranium, with Depression.*

Mary Southall, *ætat.* 12, admitted August 24th. This child while passing through the street received a blow on the head from a brick which had fallen from a house or scaffold about 60 feet high. She was immediately brought to the Hospital. Upon examination there was found a division of the scalp on the vertex of the head, immediately over and in the direction of the sagittal suture, about an inch and a half in length, and having irregular, rugged edges; and upon introducing the finger into the wound, it was discovered that the parietal bones had been fractured and depressed nearly in the same direction. The wound was then enlarged for the purpose of a more minute investigation of the nature and extent of the injury, and for the purpose of supplying such assistance as the nature of the case might demand. It was now ascertained that the parietal bones

had been fractured across the suture in the form of an ellipsis, the transverse diameter of which (being the above described suture,) measured about one inch and a half, and the conjugate diameter (being a line drawn through the centre of, and at right angles to, the former,) about one inch; the space thus insulated was depressed about a quarter of an inch, and consisted of many fragments; and in further illustration we may observe, that at the anterior part of the circumference of the figure or ordinate of the ellipse, the fractured portions were so firmly wedged under the sound parts as to render all attempts to remove them totally unavailing. Such being the case, after a trial by the elevator and forceps, the trephine was resorted to, which was applied first on the left side of the fracture, near the diameter called the conjugate, and subsequently immediately opposite, at the other extremity of the same; by these means the insulated and depressed portions were removed without farther obstacle. The dura mater did not appear to have been wounded by the accident, nor were there any unfavourable symptoms present. At the same time it must be conceded, that from the nature of the injury and the disposition of the fractured bones, the sharp edges of some of which were pressing heavily on the dura mater, the patient would have been placed in a state of the greatest peril had the operation been dispensed with. The wound was dressed with oiled lint in the usual way. A circular band of adhesive plaster was then placed around the head, something after the manner of the ancient vitta or garland, for the purpose of retaining the scalp in its natural situation,

and obviating the tendency which the matter might have to gravitate under it and to form lodgments both disagreeable and injurious. The whole of the dressings were then secured by a night-cap.

At the period of her admission she was perfectly sensible and bore the operation with considerable fortitude. Her pulse was very feeble at first, but soon became fuller, and numbered 110 per minute; her pupils were natural. — *Mittatur sanguis ad 3 x.*

After the operation she had, *Pulveris jalape compositi*, gr. x. *statim sumenda*; and the following draughts:

*R. Lig. ammoniac acetatis 3jiii.*

*Vini antimonii tart. m. v.*

*Syrupi simplicis 3j.*

*Aqua distillata 3j. fiat haustus 6tis horis tumendus.*

August 25. Slept tolerably well during the night. This morning her pulse is 115, weak. She complains of thirst, and her skin is rather above the healthy temperature; tongue clean; bowels confined. — *Capiatur Pulv. jalape co. gr. xv. statim.*

August 26. Pulse 120, wiry; tongue loaded; skin hot and dry; had an indifferent alvine evacuation after the purgative administered yesterday. She was ordered to have an enema and *haustus senae compositi 3j. 3tis horis donec alvus deficiat*. Her bowels have by these means been well emptied. She takes but little nourishment, and that of the weakest description, such as tea, barley-water, &c. The wound was dressed to-day, and looked well. No pain in the head. Mixture continued.

27th. There was no particular alteration.

28th. Pulse 130, jerking; bowels

open; skin hot and dry; tongue rather loaded and white; wound dressed with simple ointment and lint.

29th. To day there is little alteration; skin still hot and dry; tongue rather cleaner; pulse 120, wiry; pulsation through the dura-mater very forcible.

31st. Passed a tolerable night, but is affected with giddiness this morning; pulse frequent, 120; tongue still furred; bowels open; skin hot and dry; has a better relish for food; the following medicines were given her:

*R. Calomelanos gr. j.*

*Pulveris antimonalis gr. j½.*  
*fiat pulvis 4tis horis sumend.*

*R. Liquoris ammoniac acet. 3 iv.*

*Aque distillatæ 3j.*

*fiat haustus 4tis horis.*

For several days from this period she had no bad symptoms, her appetite had improved, and the granulations on the scalp and dura-mater looked healthy and the denuded bone red and vascular; the little patient at the same time did not appear to have lost any part of her former vivacity; her medicine had been gradually discontinued, and she took nothing but an occasional dose of house medicine to regulate her bowels. On the 10th inst., however, she became listless and uneasy, and did not appear to interest herself as previously with what might be passing around her.

She still, however, slept well and had little or no pain in the head; her tongue was furred, and her pulse 110 per minute, and wiry. She was ordered to have

*Pulv. jalapæ co. gr. xv. statim.*

*R. Liq. ammoniac acet. 3jii.*

*Vini antimonii tart. m. v.*

*Sp. atheris nit. m. xv.*

*Aque distillatæ 3 v.*

*fiat haustus 4tis horis capiendus.*

Sept. 12. Skin rather hot; tongue cleaner; has little pain in the head; bowels open yesterday; is listless and spiritless; pulse about 90, weak; granulations on the dura-mater healthy, on the scalp pale and flaccid. Continue the draughts, and

*Capiatur Calom. p. j.*

*Pulv. antim. gr. jii. 4tis.*

14th. Pulse about 80, feeble; tongue furred; bowels open; dejection of spirits and somnolency.

August 28.—A man, ætat. 36, was brought here who had fallen from a ladder about thirty feet high. He complained principally of pain about the sacrum, where, however, there was no external appearance of injury. From the appearance of the right leg, and the foot and knee being turned outwards, it was imagined at first that the femur had been fractured at its cervix; the muscles of the leg and thigh were particularly flaccid and mobile, and the patient complained of a sense of numbness in the limb. There was a slight tumour over the left side of the sternum, about the middle. His pulse was very feeble, and did not number more than 60; his respiration difficult. Soon after his admission he had *T. optii m. xx.* *Sp. ammonia aromat. 3j. ex Mist. camphoræ 3iss.* The next morning he complained of great pain and tenderness of the abdomen, increased on slight pressure, to which thirty leeches were applied. At this period his pulse could scarcely be felt, and the extremities were becoming cold. There was considerable pain also over the region of the bladder, and as he had made but little water during the night, a catheter was introduced, but only a few ounces of urine were found. There was a tenderness

also over the second or third cervical vertebra. His bowels had been open during the night; a dose of calomel and opium was given him, and some saline medicine every four hours.

Died at 3 o'clock, P. M.

The body was examined on the following day, when there was found a considerable extravasation of blood into the cavity of the thorax, and a smaller quantity in the cavity of the abdomen; there was fracture of the bones of the pelvis. The os femoris, however, was not injured.

# WESTMINSTER HOSPITAL.

## Conclusion of the case of Edward Pomer.

Tuesday, Sept. 7. Worse to-day. Great prostration of strength shown by a tremulous motion of the lips and chin, on the protrusion of the tongue; that organ is also much more furred than it has been before, and of a darker colour. Bowels open. Pulse 100, very feeble and intermitting.

Continue the treatment.

8th. Tongue rather cleaner than yesterday. A purging has come on. A pint of porter is ordered to be given daily, in addition to the other nourishment. Pulse 120.

*Rx Confect. opii 3j.*

*Mist. camph. ʒiiss.*

*Sp. lavender. comp. ʒss. M.*

*Capiat agar cochl. ij. 4tis. quaque hora.*

9th. Tongue covered with a black crust. Purging still continues. Pulse 120; extremely feeble and irregular.

To-day the symptoms are more dangerous than ever, and prognosticate a speedy termination of the disease, with the life of the patient.

10th. At ten o'clock this morning the patient died.

Monday 13th. At two o'clock this morning, a young woman, of the name of Cairne, was brought into the Hospital, from (as we understand) a place called Coventry-court, situated in the Haymarket.

On examination of the patient, who was totally insensible, the left arm and the thigh of the same side were found fractured, together with several contusions upon the head; occasioned by a fall from the window of a house of ill fame, upon the pavement.

About eight ounces of blood were immediately taken from the arm; the head was shaved, and cold lotions applied.

11 o'clock A. M. The patient lies in the same state of insensibility as when brought in. It is evident that compression of the brain exists, indicated by vomiting, insensibility of the pupils of the eyes to the light, &c.; and there is every probability that the base of the cranium is fractured. The pulse beats quickly and irregularly, about 100 in a minute. An aperient draught has been given, but no evacuation has yet been produced. Difficulty of swallowing also is experienced.

14th. The symptoms of compression as yesterday. Pulse 120, feeble and irregular. Bowels still constipated, although an injection was administered this morning. The swallowing rather better than yesterday.

15th. Died at 11 this morning.

On examination, after death, no fracture was found in any part of the cranium, which was remarkably thick; but some extravasated blood was lodged under the dura mater.

15th. A woman, aged 55, was brought into the operating room, with a luxation of the shoulder joint, which had existed for nine weeks, the head of the humerus lodging in the axilla.

The patient being placed on the floor, Sir ANTHONY CARLISLE directed extension to be made outwards and backwards, but without producing any good effects; the pulleys were next applied, but with the same result; for although the head of the bone could in both cases be brought into the glenoid cavity, yet it could not remain in it on account of its being partially obliterated at its edge, and partially filled with fat and cellular membrane; and on the cessation of the extension, the bone resumed its station in the axilla.

16th. The patient having been bled and put into a warm bath, Mr. GUTHRIE again tried to reduce the luxation, but, as before, without success, the same impediment existing as on the previous attempt yesterday.

18th. Mr. LYNN performed the operation of paracentesis abdominis upon the same old woman who underwent this operation six months ago.

The trocar was introduced about an inch and a half to the left of the umbilicus, and nearly on a level with it, and, on its being withdrawn, a gallon and a half of clear, serous fluid, of the colour of a strong infusion of tea, was evacuated.

This is the seventh time that the patient has been relieved in this manner; and the three last, the fluid has been of different colours: in the one previous to the present, it was of a dark chocolate colour, and the time before that, it pos-

essed a milky white tinge. To what this is owing, may be a question worthy of inquiry. Can the length of time which, in each case, the fluid was accumulating, have any influence upon its colour? This time it was only six months in collecting, the last fourteen, and the time before that, eighteen months.

No operation of importance besides has been performed here since our last report.

### ST. GEORGE'S HOSPITAL.

Saturday, Sept. 18.—Mr. EW-BANK, assisted by Mr. BRODIE, performed the operation of amputation at the shoulder joint, upon a man, in whom the head of the os humeri had been broken within the capsular ligament.

Nothing else of importance has been done at this Hospital within the last week.

### INDIA MEDICAL PROMOTIONS.

Fort St. George, Jan. 16, Surgeon W. Haines to be staff surgeon at Jaulnah, *vice* Evans.—20. Surgeon W. Mackenzie to be cantonment surgeon at St. Thomas's Mount, *vice* Haines.—30. Assistant Surgeon T. Williams to be Zillah surgeon of Calicut, *vice* Donaldson, promoted.—Feb. 10, Assistant Surgeon Bell to do duty under the garrison surgeon of Fort St. George.—23. Assistant Surgeon J. Bainbridge to do duty with H. M. 41st Regiment until further orders.—March 16, Assistant Surgeon E. Chapman to be deputy medical storekeeper in the Deval, *vice* Harwood, promoted.—Sub-assistant Surgeon Patterson to do duty under the garrison surgeon of Fort St. George, *vice* Gray, resigned.—9. Senior Assistant Surgeon J. Harwood to be surgeon, *vice* Dalton, deceased, dated Sept. 17, 1823.—Senior Assistant J. Smart, M.D. to be surgeon, in succession to Goldie, retired, dated Jan. 1, 1824.

# TO CORRESPONDENTS.

The postscript to "An Old Practitioner's" letter was not overlooked; but omitted on account of its irrelevancy.

Two or three letters which we have received this week render it necessary that we should say a few words on the subject of Advertisements. We are sorry that their insertion should have given offence to any one of our readers, and we are at a loss to discover to what portion of our subscribers advertisements are useless. It certainly appears to us, that *Medi-*

*cal Advertisements* are *Medical News*, and consequently of value to both practitioner and student. It may be objected, that some of our Advertisements have not been medical; this we admit, and, in future, these shall never be inserted to the exclusion of those which are. We also beg to state, that, after the present week, no more than *two pages* shall be allotted to Advertisements of any description, and, in consequence of this appropriation, each page of our future numbers will be lengthened by an *additional line*.

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For the peculiar advantage connected with the system of Study in this Establishment, see Prospectus, or apply at the Theatre, 23, Chapel-street, Grosvenor-square.

The Lectures during the first week are free to the Public.—Perpetual Dissections.

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N.B. None are genuine, except stamped with the Royal Arms, and Patentee's Name.

#### CHEMISTRY.

Mr. GURNEY will commence his next Course of LECTURES on PHARMACEUTICAL and PHILOSOPHICAL CHEMISTRY, on Tuesday, the 5th of October, at Eight o'clock in the Morning.

Students attending these Lectures may have the use of the Laboratory, Apparatus, &c. for personal Experiments, but the Materials so required must be provided by the operating Student, and accidental damages sustained by the Apparatus during his Experiments to be repaired at his expense.

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# THE LANCET.

VOL. IV.—No. 14.] LONDON, SATURDAY, OCT. 2, 1824. [Price 6d.]

## SURGICAL LECTURES.

*Théâtre, St. Thomas's Hospital.*

### LECTURE 76.

#### *On Suppuration in Bone.*

GENTLEMEN,

Abscesses are found sometimes between the periosteum and surface of the bone, at other times within its cancellated structure, and occasionally, but very rarely, between the lamina forming the shell of the bone.

When forming between the periosteum and surface of the bone, it possesses the common characters of the formation of matter; there is severe pain extending along the surface of the bone; this pain, though severe, is of an obtuse kind; it becomes worse at night, and produces an inequality on the surface of the bone. It is a long time, however, before the periosteum ulcerates, the skin presents a circumscribed blush; you may even feel fluctuation for a long period before

the abscess breaks. The matter is to be evacuated as soon as the redness and fluctuation are distinct; then place the periosteum as closely on the bone as you can, leaving a small opening for the discharge of the matter, and apply, at the same time, straps of adhesive plaster round the opening, to keep the periosteum in contact with the bone, and the probability is that the parts will unite by adhesion. But if the opening made by nature, or by the surgeon, be large, the bone is deprived of its supply of blood, the part exfoliates, and granulations afterwards shoot out.

The treatment to be further pursued is this: if the bone be much exposed and dry, touch it with an acid that will decompose the phosphate of lime, and the cartilaginous part also, and for this purpose the *lotion of muriatic acid*, made in the proportion of gr.  $\text{ʒi}$ . to  $\text{ʒiv}$ . of water, or the *lotion of nitric acid*, gr.  $\text{ʒi}$  to  $\text{ʒj}$ , will be found the most useful. I think, however, that the diluted nitric acid is the best, it induces a healthy state of the bone and of the other parts, and it is the

application which I generally prefer. Sometimes acetic acid is used for this purpose.

When the granulations arise from either the medullary membrane or from the periosteum on the surface of the bone, cartilage is first deposited, and afterwards phosphate of lime.

When an abscess forms in the cancellated structure, a peculiar process takes place. The result of the pressure of the abscess is to cause an absorption of the cancellated structure, and in this way the space for the increase of the abscess continues to be enlarged. At the time that there is an inflammatory action going on in the medullary membrane, there is a corresponding degree of inflammation going on in the periosteum, which causes a bony crust to be deposited on the surface, which materially increases the size and strength of the bone. But upon that part of the bone least covered by skin and muscles there is an ulcerative process going on, which overcomes the deposit from the periosteum, and thus the matter is evacuated. In this way it often happens that there is little of the original bone left, but the weight of the body is principally supported by the new shell of bone which is formed. But if the constitution be so enfeebled that it can-

not deposit a sufficient quantity of bony matter externally, whilst the process of absorption is going on within, then the coats of the bone become so thin, that the bone either breaks or cannot support the superincumbent pressure.

The best treatment to pursue in this stage of the disease is, to inject the interior of the bone with the muriatic or nitric acid lotions, the latter is preferable, and at the same time insist on the observance of rest. Support the strength of the constitution, and avoid all those causes which would produce irritation, either generally or locally.

*Abscesses in the shell of the Bone* require to be treated in the same way, and their process of restoration occurs rather quicker than when the abscess is seated more internally.

The portions of bone thus deprived of their vitality must separate, and this

#### *Exfoliation of Bone*

is either *external* or *internal*. When the periosteum is separated to any extent from the surface of the bone, if it be immediately replaced, it will again unite, and no exfoliation will ensue. But if it be allowed to remain detached from the surface of the bone for twenty-four hours, it will not reunite, the bone dies, and is ultimately separated.

riated. The dead portion of bone it upon the granulations, which appears at first white, but it soon becomes black from the hepated ammonia formed during the putrefactive process. It will absorb a part of it; according to experiments made by Sir Wm. BLIZARD on this subject.

The separation of the dead from the living portion of the bone, is a tedious process, and is effected by the action of the absorbents on the surfaces of the living bone removing that part which is in absolute contact with the dead bone; a space is thus formed into which granulations can rise. When these granulations reach the dead bone, they also act on it, and therefore you find the surface rough and uneven which is in contact with them, whereas the external surface remains perfectly smooth.

The principles which are to guide you in the treatment are these:—quicken the progress of the granulations a little, and act chemically on the parts by the acids, and that acid which I have before named is the best. The quickest exfoliation of the tibia which I have ever known was accomplished in three months. Most generally, however, twelve months are necessary for this purpose, and it will very often require two years. But this depends very much on the activity of the constitution.

It is right, if we wish to diminish the size of the exfoliation, to bind

*Internal exfoliation* is also a very singular process. A man who is losing two thirds of his tibia is walking about during the period in which it is separating. This process I have already described to you when speaking of medullary abscess. In the treatment of this disease, I should say that much might be done to assist the efforts of nature. As soon as the bones become loosened, which you may easily know by passing a probe into the wound, what I should advise you to do is this: take away a portion of the new bone, so as to admit of your sawing the old bone into two portions, and then draw them out. After amputation in full health, there is often necrosis taking place on the end of the bone forming the stump. It happens because the bone is exceedingly loaded with phosphate of lime at the time of the operation; but if a man be previously reduced by disease, a thin shell of bone only remains, and the blood vessels have a much more free action on the bone.

*Exostosis* is of two kinds, cartilaginous and fungous. The cartilaginous contains only a very small

quantity of the phosphate of lime, and grows originally from the inner surface of the periosteum, and spicules of bone afterwards shoot into it. The *fungous* exostosis is rather a nest of bone enveloping the fungus than constituting the fungus itself. It grows from the medullary membrane. In the treatment of the fungous exostosis nothing can be done but to palliate; the growth will proceed in spite of local and constitutional remedies. Where the exostosis is *cartilaginous*, growing from the periosteum, they cease to increase beyond a certain extent, and usually form at the insertion of tendons into bone, as at the insertion of the triceps abductor magnus. You should make an incision through the integuments, cut through the muscle in the direction of its fibres, and having reached the top of the exostosis, you find the knife easily sinks into it from its being still partly cartilaginous. Then slit down the muscle on each side, and apply the circular saw invented by Mr. Machin, which is worked by a winch in the handle. When the exostosis arises from the cancellated structure of the flat bones, an idea suggested itself to me that it might be removed in the following way; by making an incision through the periosteum covering the tumour, and then se-

parate it further with the handle of the knife on each side, the exostosis is gradually discharged by a suppurative process. But do not attempt this where the exostosis is excessively large; but it may be done with safety if it be not more than three or four inches in circumference.

*Mollities ossium* is an affection of which we know very little. There appears to be a defect in the assimilating powers of the system, whereby the proper portion of phosphate of lime is not deposited; whereas in rickets there is an excess of cartilaginous material. What is often called mollities ossium is only rickets, and should be treated accordingly.

*Of Impotence.*—Although this affection has been arranged in the syllabus with the sequelæ of gonorrhœa, yet I consider it a point of importance for you to become acquainted with, and shall speak therefore of the causes usually producing it. There are several causes which produce a destruction of the virile power. These may sometimes be traced to a peculiar sluggishness of constitution, to a general torpor of the procreative system, on which the usually attractive animal affinities exert no influence. To such persons a Venus might display her charms, and on such her son might

exhaust his quiver, in vain. No genial spring is here, no blooming summer or fruitful autumn, but all is winter—a dreary, desolate and barren winter—in which the springs of life are frozen up, and the animal propensities destroyed. Some men are so constituted that they may be said never to possess a venereal stimulus, and some of the other sex are equally frigid. I knew a person who remained unwarmed by the flame from the hymeneal altar for seven years, and who was incapable of performing the duties which devolved on him.

Gentlemen, it is likely you may hereafter be consulted on these subjects; but these are some of the arcana of the profession into which you will not readily be admitted.—No, it is not until you have contended long with popular prejudices that you will be made acquainted with such important secrets. When forty years of practice or perhaps more shall have rolled over you, when you shall have the snow on the tops of the mountains, (here the esteemed professor, with great good humour, passed his hand through the white locks which grace a front well formed,) then it is, and not till then, that you will be required to give your opinion on such weighty matters! (a laugh.) When consulted on this point be-

fore marriage, you should ask, if they have any development of sexual power in the morning, and if they have, depend on it they will not be deficient in energy in the after part of the day. But, if otherwise, advise them by no means to marry.

Another cause which might produce the calamity we are now considering is, an *excessive irritability* of the *vesicule seminales*, which produces a premature expulsion of the seminal fluid, and this is almost as bad as the former cause. Sometimes it is the result of debauchery, but most frequently it occurs in irritable and delicate young men; in such cases we have to support the constitution, by a generous diet and bark, giving at the same time opium to allay the irritability. In addition to which let the person stand over a large pan of cold water and dash it over the genitals two or three times in the day. Turpentine and rhubarb are sometimes given, but I am not sure that they do any good.

Another cause of impotence is, the frequency of nocturnal emissions, and this is most commonly the case with young people. It is frequently the effect of bad habits at school, and it occasions a great degree of anxiety. We must try to lessen this, by representing to the

party, that it is an occurrence which sometimes arises from the state of frequently happens in persons in a mind, generally from too great an state of health every nine days or a impetuosity and eagerness to co- fortnight; although in the patient's habit. A gentleman, for example, case it may happen two or three is recently married, and if not able times during the night. The treat- to perform his wishes in two or ment of this species will be very three days he is very full of an- much as the preceding. xiety, and the imbecility is con-

Sometimes it arises from a wast- sidered by him to be permanent. ing of the testicle, or from an abscess When consulted by such a person you must not try to laugh him out of its structure. The removal of of it, but tell him that it is not un- one testicle does not destroy, neither common, but that it is necessary does it seriously impair the genera- that he should promise you to ab- tive power. The removal of both stain from the attempt for three or however emasculates; there is an four days, or until he has taken all opinion to the contrary, but it is an the pills which you will give him. erroneous one; this loss of power These may be made of some harm- does not happen at once, the excre- less material, and that if he will tion of the semen continues for a observe what he has promised he is short time, and the inclination and sure to get quite well. He takes the power remain; but gradually the desire and afterwards the power very promise he has made, and the impression made on his mind by become extinct. the promise, induces him to do the

very contrary, and it seldom hap- pens that he can return with any complaint.

Impotence sometimes arises from the testicles not having descended. Mr. HUNTER has said, that the testicles, when confined in the abdomen, do not exercise their functions. This is the case when the testicle is pressed upon by a con- genital hernia when in the inguinal canal. But in the case of an ap- prentice of mine, who shot himself because his testicles had not de- scended, the secretory ducts were found full of semen. Impotence

#### *On Burns and Scalds.*

Burns and scalds produce three different effects, vesication, dis- quamation, and gangrene. If call- ed in when a vesication only is produced, there is no danger, al- though the vesicles be numerous

and extensive. The object is to preserve them from bursting, and therefore do not open them on any account, but allow the serum to accumulate in them until a new cuticle is produced; the serum escapes, and there is no further mischief. But if you open them, there is a constitutional effort produced, which is followed by considerable inflammation, and sometimes by suppuration, and the sufferings of the patient are very great. All you have to do is to apply evaporating lotions, as the camphorated spirits of wine, or spirits of wine and the *lotio alba*, to prevent the disposition which there is in the cuticle to break. A little opium should also be given to allay the irritability.

But when the *second effect* I have spoken of is produced, when the burn is severe enough to separate the cuticle from the surface of the body, the most violent symptoms arise; as when a person falls into boiling water or wort. The exposure of so large a quantity of cutis produces a great constitutional effort in the re-action that takes place; but sometimes a person dies from the shock made on the nervous system, without any re-action having taken place. A child spilt some tea, which ran over his chest and abdomen, and he

died in three days; therefore the disquamation of the cuticle is the worst form of injury, from leaving the cutis unprotected. The *spirits of turpentine* is the best application in this form of burn; as the object is to excite a speedy re-action; and if you apply evaporating lotions, re-action can never take place. *Lime water* and oil, and *lime water* and milk, have been commonly used; but the *spirits of turpentine* is the best application. Where the constitution is irritable, and it gives violent pain, dilute it with oil, or with the oil and lime water, and I think it would then form a very good application. Give *opium* and *wine* as long as the chilly state continues; but as soon as the heat is developed, and the pulse has recovered its power, do not continue it any longer, but employ other means to reduce the inflammation when necessary. Turpentine does not succeed where the scald is produced by hydrogen, or carbonated hydrogen gas, so well in London as in the country.

The *third state* is where the life of the skin is destroyed to a great extent. There is no *immediate danger*, for the constitution does not suffer in the first instance. The danger is to be apprehended when the sphacelated part begins to separate. The absorbents act briskly,

and a great discharge follows the separation of the part. Fomentations and poultices are most useful in these cases, as the turpentine cannot act on the dead surfaces. It is necessary to give wine and opium, as in the former case, during the chilly state. The treatment is just the same indeed as in a case of common gangrene; and toward the end, when the process of suppuration is commencing, you may give wine and opium, or ammonia, to support the constitution.

These cases produce the most remarkable deformities. These are not frequently the result of the surgeon's treatment, as they occur in a great measure after the cicatrization has been completed. They are owing to the natural tendency which there is in the cicatrix to contract. The wounds will often heal smoothly, but afterwards become puckered. These contractions are apt especially to occur in the neck, by which the skin is united to the chest; and if the arm be the burnt part, the fore-arm becomes united to the upper-arm. The fingers become united to each other, and the thumb is sometimes bent very much backwards. This contraction may be prevented in the arm by passing a splint behind the arm and keeping the arm extended on it. The same rule should be at-

tended to, if there be any danger of the thigh uniting to the abdomen. You should pass a splint behind the thigh, and keep the thigh extended on it, and the contraction will be prevented. But as to the neck, do all you can, by binding the head back, or to either side, yet the contractions will take place. When the cuticle is removed and the cutis is in a granulating state, you may produce cuticle over it very quickly by using the *acetate of zinc wash*, made by putting two grains of the sulphate of zinc to one ounce of the *liquor plumbi subacetatis dilutus*. This object is sometimes well accomplished by sprinkling the granulations with the oxide of zinc. But the lotion appears to me to be the best. Some lint should be dipped in the lotion, and laid on the wound; over this some folded linen should be placed, and over the whole a piece of oiled silk to prevent evaporation.

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This Lecture concludes the course on the principles and practice of surgery, as delivered by Sir ASTLEY COOPER, in the Theatre of St. Thomas's Hospital, during the last winter, and sorry are we to add, that this is the Honourable Baronet's last course, as he has resigned the Lecturer's chair.

That the whole of these Lectures may be contained in the four first volumes of THE LANCET, we have



added the present number to Vol. IV. and shall therefore commence a new volume with a new year, and new sets of Lectures.

*A Case in which Pregnancy occurred during the existence of a Tumour in the Cavity of the Uterus, and which Tumour (after Abortion had taken place about the third Month) was removed.* By JOHN BEATTY, M.D., Licentiate of the King and Queen's College of Physicians in Ireland.

[From the Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland.]

In relating this case, I shall confine myself strictly to an accurate detail of the facts and symptoms as they occurred, and am happy in being able to appeal for its correctness to Drs. Clarke, Evory, and Marsh, and the Surgeon General, whose valuable assistance during the progress of the treatment I was so fortunate as to be able to procure; and under whose sanction the management of the case was conducted. Nor shall I permit myself to indulge in any physiological speculation or reasoning upon the curious, and, I believe, hitherto unrecorded fact, of conception having taken place, and the growth of the foetus regularly proceeding for nearly three months, (when a perfectly formed ovum was expelled,) while there actually existed in the cavity of the uterus, previous to conception, and during gestation, a foreign mass daily increasing in size, and destroying the comforts of the patient.

Mrs. W., about 25 years old, and very healthy, lay in of her first

child on the 1st of April, 1819; on her recovery she and her husband went to Paris, where Mr. W. was immediately seized with a bad and tedious fever, which terminated in such a state of health, as to confine him for ten or eleven months, and prevented her from returning to his bed; during all which time, Mrs. W. was under constant mental anxiety, and underwent very considerable fatigue in her attendance on him.

In August last, (1820,) they returned to Ireland, with his health so far restored, that they lived together as man and wife.

On the 2d of September she consulted me on the state of her womb, with which she conceived there was something seriously wrong. She complained of a swelling, attended with considerable soreness on pressure, at the lower part of the abdomen. This swelling was first observed about May last, and was not permanent, as it was observed always to disappear entirely during the menstrual period; which discharge she reported as having been particularly regular ever since the birth of her child in April, 1819. She said there was no swelling at the time of her consulting me, but was confident it would very soon return. And indeed, upon a superficial examination, I could not perceive the smallest preternatural fullness any where in the hypogastric region. I saw her again on the 23rd, when the tumour was very evident, situated above the pubis, and attended with considerable pain. I wished to have some leeches applied, but she would not consent; and temporary relief of the pain was obtained by freeing the bowels, and by applying fomentations, with an anodyne liniment.

On the 28th, the tumour having increased very much, Dr. Clarke was called in; the os tincæ was found dilated to the size of a dollar, and in its opening was a large dense substance of a regular, smooth surface, and so connected with the internal surface of the uterus that no more than the length of the nail of my fore-finger could be introduced between them in the circle. The tumour extended up to near the umbilicus, and was so very irregular in its external surface, as to have the appearance of two unequal tumours when externally examined by the hand.

It appeared to me the most judicious practice, at least in the first instance, to attempt by gentle means to detach the tumour; and this being approved of, I for several days regularly introduced my finger, and endeavoured to separate, by gentle pressure, the connexion between the tumour and uterus. In a few days I succeeded to the extent of the full length of the finger, and without giving any pain, except posteriorly, and to the right side, where I was stopped by what appeared a ligamentous connexion, running upwards, and which appeared very dense to the feel; all the other parts of connexion seemed fibrous, and readily gave way without pain or hæmorrhage. During this period I frequently met, and conferred with Dr. Marsh, who, as a particular friend of the family, was much interested, and attended all the consultations. On the 11th of October, Dr. Clarke was again called in: no particular change had occurred beyond the daily increasing size of the tumour, which had now reached considerably above the umbilicus, and was much more prominent in front. As Mrs. W.

lived six miles from town, and began to experience some distress from the motion of the carriage in so long a drive, she was recommended to reside in Dublin, and only to take such carriage exercise as she might be able to do, without pain being thereby induced. She continued without any visible alteration until the 10th of November, on which day, while out in her carriage, she was suddenly seized with a moderate discharge of blood from the vagina. I saw her at 5 P.M., and on examination found the parts within exactly in the same state as they were on the last examination, a month before. She complained of some pain, but nothing of importance; and on being questioned, confessed that she had not felt well for the last few days: she had lost her appetite, was thirsty, had a bad taste in her mouth, and felt in general rather uncomfortable. At two the next morning I was again sent for; and, to my utter surprise, found she had miscarried; the embryo was entire, the membranes not being ruptured, and the placenta attached to them; the fetus was not three months old, as conception must have taken place about the 20th of August, she having regularly menstruated on the 16th of that month, precisely three months after she had first perceived what she called the lump in her womb.

Nov. 11.—Mr. Crampton was called in to-day to our assistance, as the family entertained a hope, that he, by operation, might be able to remove the tumour at once. He very candidly recommended patience; conceiving any active interference improper, particularly so very immediately after miscarriage, when dangerous hæmorrhage

would be very likely to ensue; we arranged to see her again in a few days.

13. Suffered considerable pain during the last night. The tumour had descended very much into the pelvis.

14. Pain continues, stretching down the right thigh; tumour still lower down; no inconvenience in passing urine or fæces.

16. Doctor Evory was added to our consultation to-day; he proposed that one blade of the forceps should, if possible, be passed round the tumour, and to attempt to separate it from the uterus as much as could be: but, as there had been a good deal of examination to-day, it was thought prudent to defer this experiment for 24 hours.

17. I was sent for at 8 o'clock A. M., and found Doctor Evory there when I came in; we heard that she had slept none, but was all night in pain. On examination I found the tumour low in the vagina, very soft, and separated as far as the finger could reach; the ligamentous attachment mentioned above was not to be perceived. Doctor Evory was obliged to leave me, but I determined to stay for the result, and at 11 o'clock the tumour, by the regular efforts of the uterus, (such as we see in common labour,) was expelled, but remained partially attached. I allowed it to remain at the os externum until 12 o'clock; when Doctors Evory and Marsh, and Mr. Crampton came, when it was finally removed; and the uterus being found to be inverted, was reduced. There was very little flooding, and no weakness or ainting.

I weighed the tumour, which was within a few ounces of four

pounds, and on being cut into, had very much the appearance and texture of a placenta, but more dense, and very vascular; the external surface was covered by a smooth membrane, and had the appearance of an highly vascular gravid uterus. The parts have been deposited in the Museum of the College of Surgeons.

18. Slept well, and free from pain.

24. Continues perfectly well.

Dec. 8. Took a drive this day in her carriage, just from the expulsion of

May, 1822. I have now the pleasure of reporting, that this lady continues well, and produced a healthy boy on the 18th of February last.

*Observations on a Species of Premature Labour, to which Pregnant Women are not unfrequently liable. By an Experienced Physician.*

There is a species of miscarriage, or premature labour, to which my attention in private practice has been, for many years, frequently called. It is one of those cases which I have found constantly distressing to the patient, and perplexing to the physician.

I have looked into many books, and consulted with several eminent and experienced physicians and surgeons on the subject, without procuring much satisfactory information. It is my wish therefore, through the medium of the Transactions of this Association, to excite the attention, and, if possible, to collect the observations of experienced practitioners in regard to it. How far it may be practicable to accomplish this design, time only

can determine, the goodness of intention will, it is hoped, justify the attempt.

The case to which I allude is this:—A lady, apparently healthy, conceives and carries her child in the usual way, till about the seventh or eighth month of pregnancy, she by degrees ceases to perceive the motions of her child; and in about ten days or a fortnight after this event, she falls in labour, and a foetus, evidently dead for some time, is expelled. This often happens three, four, five, or six times in succession, or perhaps more frequently, to the same patient, about the same period of pregnancy. The first time such accident happens, there has generally been some cause to weaken the patient, during gestation; but, in the subsequent instances, it rarely happens that any adequate cause can be assigned. Women who have borne many healthy children have sometimes fallen into this pernicious habit, and continued it for a length of time, and afterwards had living children. A memorable instance of this kind occurred in the lady of a Viceroy in Ireland, about thirty years ago. In such cases, it is evident that miscarriage happens in consequence of the foetus dying in utero.

The following question therefore is naturally suggested: What are the most likely means of preventing the death of the foetus in utero? As the foetus necessarily draws its nourishment entirely from the mother, it is reasonable to suppose that its existence most intimately depend on the *quantity* or *quality* of the fluids supplied by her.

In some cases, we have good reason to think that more blood circulates in the mother's system

than is consistent with the health of the child in utero; more frequently, however, we have very good reason to suspect the contrary, viz. that a deficiency of blood takes place in the maternal constitution. In not a few cases, I have had reason to suspect the existence of *acrimony* in the fluids of the mother: by the imprudence of husbands a venereal taint has been sometimes acquired, which required the use of mercury, and which perhaps has been insufficiently employed. The wives of such are particularly liable to the disease in question, although no unequivocal venereal symptoms shall exist. The most likely method then, of preventing the death of the foetus in utero, is to consider whether, in the mother's constitution, there be symptoms of *redundant*, or *deficient*, or *acrimonious* blood. The symptoms of a plethoric constitution, and the best means of reducing it, are too well known to require any lengthened detail. The symptoms of a debile constitution are equally well known.

I have only to remark under the second head, that, in some such cases, I have had reason to think very small bleedings, at distant intervals, of use, although little indicated by symptoms. Was this by creating a tendency to plethora? This is an effect of which venesection has been accused. Symptoms of acrimony in the fluids are more equivocal and uncertain, as well as the means of correcting it.

In the *unimpregnated* state, sulphureous mineral waters, goat's whey in the proper season, tepid bathing, strong decoctions of sarsaparilla, and slight mercurial courses, may be tried. Where there are no decided syphilitic

symptoms on *either* parent, and a healthy child in existence, and assurances of no subsequent exposure to recent infection, it appears rather unreasonable to press the use of mercury to any extent, and indeed it will seldom be submitted to.

Here, however, experience appears deficient, further observations seem to be wanting; and the experienced, into whose hands these remarks may fall, are entreated to forward to the Association any facts tending to illustrate this obscure and interesting subject.

*A letter from Doctor Beatty, on a species of premature labour, &c. &c.*

I have been gratified with the perusal of a paper written by an *experienced physician*, "on a species of premature labour, to which pregnant women are not unfrequently liable, viz., When a lady, apparently healthy, conceives, and carries her child in the usual way, till about the seventh or eighth month of pregnancy, and by degrees ceases to perceive the motions of the child; and in about ten days or a fortnight after this event, she falls into labour, and a foetus, evidently dead for some time, is expelled," &c. &c.

The subject of the above communication attracted my attention, when very young in the profession, and has continued to do so ever since. So early as the year 1789, when I was resident assistant at the Dublin Lying-in Hospital, I delivered a woman in Great Britain-street of a putrid child, in the eighth month of pregnancy, which, she told me, had been the case with several children that she had had

before, and that she despaired of having living issue.

I inquired very particularly into the state of health of both parents, and suspecting venereal taint to be the cause, I proposed to them the use of mercury and separate beds, until I should be satisfied with the quantity of mercury used. They readily complied with the proposal, and the result was a living boy in due time, after the mercury had been discontinued; and their happiness at the event may be more readily supposed than described, as they were both at the time pretty far advanced in life, and never had another child.

Several similar cases occurred to me from that time, with similar success, which I shall pass over, as they rest only on my own experience, and shall therefore confine myself to a very few, in some of which I was assisted by Mr. Colles and Mr. Todd, in their capacity of surgeons.

In my case book, to which I have referred, I find that, in August 1812, I attended the wife of a staymaker, who was delivered of a putrid child in the seventh or eighth month, which, she said, was the third that she had had born dead. I discovered so much of venereal affection, as to recommend that they should put themselves under the care of some experienced surgeon for the use of mercury. They applied to Mr. Colles; and when she was pregnant in the following year, Mr. Colles told me that they had not continued a sufficient time under his directions to satisfy him that they were cured of the venereal complaint; which I found to be the case in July 1813, when I delivered her again of a putrid child in the eighth month. I then

declared that I never would attend her again, until Mr. Colles told me that he was satisfied with the result of the mercury used. They again returned to him, and fully attending to his directions, in October 1814, I attended her, when she bore a living girl at the full period of gestation. She has had several living children since.

In October 1816, I delivered the wife of a cavalry officer of a putrid child in the eighth month. The gentleman had been on the Continent with his regiment without his wife, and had contracted a slight venereal complaint, of which his surgeon considered him well before his wife joined him in France. I could not detect any venereal symptom in the parents, but was so satisfied with the cause of the child's death, from the peculiar appearances on the body, that I recommended them to consult some eminent surgeon; and Mr. Todd was called in, who met the regimental surgeon with me, and advised the use of mercury, which was regularly persevered in by both for several weeks. After this course, pregnancy was soon the result, and in November 1817, I had the gratification of attending her, when she had a living girl. She has had several living children since.

A nurse who had contracted venereal disease by suckling the child of a general officer, and was supposed to be cured, had two dead putrid children in the seventh or eighth month. I requested Mr. Todd to see her, and take her under his care, which he did, and the poor woman has had several healthy children since.

In April 1818, I attended a very fine, healthy-looking woman, of

her first child, which was born in the eighth month, dead and putrid. This, I hoped, was from some accidental cause, particularly as she said that she had received a fright some time before. However, in June 1819, she again lay in, in the eighth month, of a dead venereal child; and I recommended that she should see some surgeon, as her husband now confessed that he had been disordered before marriage. Mr. Todd saw her, and took both under his care until he was satisfied with the use of mercury. She lay in, in September 1820, of a living boy.

I never attended any person who had dead children, that I suspected of venereal complaints, who did not readily submit to mercury, so strong and general is the desire for posterity, except a celebrated courtesan who lived for several years with a friend of mine, and every year produced a putrid child. As she was very comely in her person, of which she was supposed to be liberal to many, and did not wish for living offspring, she never would use mercury. It was remarkable of this lady that she frequently disordered men, but never my friend, except in the first connexion.

In answer to the learned author's question, "What are the most likely means to prevent the death of the foetus in utero?" I would with diffidence, and with that respect to his opinion which I think he merits from every man engaged in the practice of midwifery, say, *the use of mercury*. It has in every instance succeeded with me, and I think will be found to do so in the great majority of cases. I have not met with any case which I thought safe to commit to the use

of sulphureous mineral waters, goat's whey, tepid bathing, decoction of sarsaparilla, or blood-letting; but that such cases may have occurred to other practitioners, I am not disposed to doubt.

I have met with several cases wherein very delicate women have borne dead children at the seventh month, but not putrid; and have, where I did not suspect venereal taint, constantly succeeded in avoiding the accident by a rigid confinement, even to one floor, and by a very strict attention to keep the bowels gently free, from the earliest period of gestation to the end of the eighth month; and several, to whom I gave permission to go out at that time, have thanked me, saying they were never so happy as in their confinement, and would not accept of my offered emancipation. I do not remember a single instance where good health, good looks, and a continuation of bearing living children, were not the rewards of the confinement.

Every man engaged in my profession must have met with dead and putrid children, the result of accidents, but they are not such as the learned author points out, and require no further notice.

If the above cases and observations should appear to be worthy of a place in the Transactions of the Medical Association, as a reply to the very interesting paper which I have perused with such pleasure, I shall feel obliged by their insertion.

### HYDROPHOBIA.

A long letter appeared on this subject in the *Morning Post* of

Wednesday, in which the writer severely animadverted on the treatment adopted by the Surgeons and Physicians of Guy's Hospital, in the case of hydrophobia lately received there; and the minute details of which were accurately and originally\* published in *THE LANCET* of Sept. 18. Our report presented the most complete history of the disease, with its post mortem appearances, that ever appeared before the British public, and which, but for our exertions, would have been entirely lost to the bulk of the profession in this country, and on the Continent. The case has been read with great interest by the professional and extra-professional public, and has afforded an opportunity to one of the latter class to write, in the letter before us, a series of very unwise observations; and he has foolishly attempted to insinuate himself as the public champion, by asserting the power of habit, in creating indifference on the part of the medical profession to human suffering. We deny this charge; it is as unfounded as it is malignant, and we boldly assert, that at no former period was the comfort of the patient more assiduously studied, consistently with his safety, than at the present era of medicine. The majority of the persons who now practise surgery are men who have enjoyed a liberal education, which has expanded the moral faculties, and given rise to that refined feeling and taste which distinguish the gentleman from the barbarian. That man, therefore, is the friend of the public who endeavours to accelerate the progress

\* We say originally, because the Editor of the *Morning Post*, contrary to his usual courtesy, omitted to name the source of the intelligence.

of knowledge. The writer of the letter in the *Post* has displayed his literary acquirements by translating the discoloration of the *thalamus nervorum opticorum*, presented by section, as the discoloration of the eye and its socket; he has also discovered "a fever produced by a relaxation of the nerves," of the existence of which we profess ourselves ignorant; and we would advise this gentleman to comprehend a theory, before he attempts to eliminate a practice. As to the rapid increase of the pulse, after the abstraction of the first twenty ounces of blood, it certainly ought to have determined the operators not to have proceeded farther, and their having done so evidently hastened the dissolution of the unfortunate patient. The injection of warm water into the veins had not, in this case, a trial, and the success or failure of that remedy is not in the slightest degree affected by the result; thus much, in candour, is due to M. MAGENDIE.

Whether any specific poison be communicated by the bite of a rabid animal, capable of producing the train of symptoms designated *hydrophobia*, or whether those symptoms are merely the result of a lacerated wound in an irritable constitution, are still questions of dispute with many of the most eminent medical characters. The subject is altogether pregnant with difficulties, and as yet we are not in the possession of a sufficient number of facts to lead us to any definite conclusion. It is well known, that of many persons bitten by the same animal, some will be affected while others will altogether escape. Again it is known that some individuals are entirely insensible to the influence of par-

ticular poisons, while others are more easily affected by such agents at one time than at another. The bodies of those persons who have been destroyed have, upon examination, been found to possess some peculiar structure, some deviation from the natural figure, either of the bony envelope of the brain, or some ossific deposits on the spinal marrow, which, acting as mechanical stimuli, rendered the nervous system in the highest degree irritable.

There is evidently a difference between *tetanus* and *hydrophobia*, although we admit that there is some analogy in the two diseases. In *tetanus* the muscles of the larynx, pharynx, and indeed the whole of the muscles concerned in the process of deglutition, are rigidly contracted, and that contraction is perfectly *involuntary*; but this is not the case in *hydrophobia*, the actions of the muscles, though violent, appear to be in some degree under the influence of the will, and in the case at GUY'S, the man swallowed his saliva very readily, and to which he even called the attention of the spectators.

Hydrophobia, then, may still be considered one of the opprobria of surgery, and which stain on its splendour we hope to see speedily removed by the concurrent influence of talent, and perseverance.

The dog that was inoculated by saliva taken from the hydrophobic patient has not yet exhibited any peculiar symptoms. It still appears to be perfectly well, and takes its food as usual



## CHEMISTRY.

We have, in our former papers, explained some of the ordinary phenomena exhibited by *Electricity*. We have shown, also, that the general division of matter into electrics and non-electrics is in correct; since every substance is either an electric, or is capable by friction of exhibiting electrical actions.

What we have before said of the electrometer is necessary to be borne in mind, in conducting all our experiments on this subject; and the simple apparatus then described will answer very well for common purposes.—Vide p. 141, Vol. iv.

We shall now proceed to the *Distribution of Electricity*. And without fatiguing the attention, or encumbering the memory of our readers, by going into uselessly minute detail on a complicated subject, we shall content ourselves simply by communicating a sufficient number of experiments on this, and the following subdivisions, to make the rules which we may lay down clear and forcible.

If we communicate electricity to an insulated metallic sphere, we shall find the whole electric power diffused over its surface, and the particles in its interior absolutely devoid of the least electric virtue. Let the ball of iron or brass have a hole of about an inch in diameter, reaching its centre. Then on touching the centre with a metallic spherule, attached to the end of a needle of lac, and instantly applying it to a delicate electrometer, we shall perceive no sign of electricity whatever. If the spherule, however, touch the outer edge of the hole, or the surface of the

globe at any point, it will acquire a very manifest electricity. Hence, if we apply, for a moment, to the surface of an electrified 24-pound shot two hemispherical cups of tinfoil, furnished with insulated handles, we shall find that the whole electrical virtue has passed into the cups, whose weight may not be equal to the ten thousandth part of that of the ball. This distribution is totally independent of the nature of the substance, and is deducible from the law, that electrical attractions and repulsions are inversely proportional to the squares of the distances.

If we bring into contact with the above electrized ball an unelectrified one of the same bulk, but of a very different weight, we shall find an equal distribution to take place between them. Thus we perceive that bodies do not act on electricity by any species of elective attraction or affinity. They must be regarded merely as vessels in which this power is distributed, agreeable to the laws of mechanics.

In ordinary cases electricity is confined on the surfaces of bodies, not merely by the non-conducting power of the air, but by a species of mechanical pressure which air exercises; and this becomes evident when we lessen the density of the air by exhaustion; for the elective power now emanates with vast rapidity from the electrized ball. Rarefied air is therefore a good conductor, and it is on this account, that our common electrical machines, where the evolution of electricity is produced by friction, are found to work best in a room in which there is a good fire.

We shall next speak of the distribution of electricity among contiguous bodies not in contact.

A very remarkable phenomenon is exhibited by separating two electrified spheres at a little distance from each other. We have seen that, during contact, the electricity is of the same nature on the two spheres. But, immediately on separating them, we find that the nullity which existed at the point of contact no longer exists, supposing the electricity to be vitreous or positive. A part of the combined electricity of the small sphere is decomposed, and that which is of a nature opposite to the electricity of the great sphere, namely the resinous, is carried toward the point where the contact occurred.

When two oppositely electrized spheres are gradually brought near each other, the thickness of the electric coating at the nearest points of their two surfaces becomes greater, and increases indefinitely as their distance diminishes. The pressure exercised by the electricity against the plate of air interposed between the two bodies augments progressively, and terminates by overcoming the resistance of the air. The fluid then escapes under the form of a spark or otherwise, and must pass, previous to the actual contact, from one surface to the other. This action, at a distance, is a key to the principal phenomena of electricity.

In our first inquiries, we remarked that electrized bodies attract, or seem to attract, all the light matters presented to them, without its being necessary to develop, in the latter, the electric faculty, either by friction or communication. But now we must consider, that this development is spontaneously effected by the mere influence, at a distance of the electrized body, on the combined elec-

tricitities of the small bodies around. Thus all the attractions, whether real or apparent, which we observe, take place only between electrized bodies.

The next species of electricity to be considered, is *Voltaic electricity, or Galvanism*.

The accidental suspension of recently killed frogs, by copper hooks, to the iron palisades of his garden, was the occasion of the celebrated Galvani observing certain convulsive movements in the limbs of the animals, which no known principles could explain, and also of opening a rich and boundless field in physical science to mankind. Galvani had ascribed the muscular movements to a series of discharges of a peculiar electricity, inherent and innate in living beings, to which the name animal electricity, or the more mysterious term Galvanism, was for some time given.

Volta, however, proved, that the phenomena proceeded from the contact of the two dissimilar metals, copper and iron, producing such a disturbance of the electrical equilibrium as was sufficient to effect the most delicate of all electroscopes, the irritability of a recently killed frog; although it was insensible to every electroscope of human construction. He firmly established this fine theory, by showing that a few contacts of the dissimilar metals zinc and silver, in the form of discs, furnished with insulated handles; were capable of affecting the condenser of electricity.

Galvani, however, anxious to defend his own hypothesis, which linked his name to the science, adduced some curious facts, which proved, that muscular contractions

could be produced in the limbs of dead frogs altogether independent of metals. This led Volta to the further discovery, that other dissimilar bodies, besides metals, were capable, by contact, of disturbing the electrical equilibrium.

To this subject all our preceding electrical researches may be considered merely as introductory. For the Voltaic battery is the instrument which constitutes the great link between electricity and chemistry, deriving, probably, its uninterrupted series of impulsive discharges, and consequently its marvellous power of chemical analysis, from the conjoined agencies of electricity and elective attraction.

We shall, in our next paper, explain the structure of this powerful engine in chemical investigation, and give a brief account of some interesting experiments made on the nervous system through its influence.

## FOREIGN DEPARTMENT.

### ANALYSIS OF FOREIGN MEDICAL JOURNALS.

*A Case of complete Extirpation of the Uterus, performed with success by Dr. J. NEP. SAUTER, of Baden.*

Genevieve Waldraf, ætat. 50, of a robust constitution, and accustomed to much walking, had always enjoyed good health. She had had six fortunate deliveries, the last in 1811. About the middle of October 1821, she sent to consult me respecting a very profuse discharge, which had existed for some time. I ascertained, by

means of the hand, that the neck and the mouth of the womb at their back part, were covered with hard excrescences, knotty, very painful, and bleeding upon the least touch. The patient was much weakened by the quantity of blood she had lost; she was pale, feeble, and tormented with a continual drowsiness. All the medicines she had taken internally afforded only momentary relief. In December the disease made rapid progress; she could no longer lie down; she passed night after night sleepless, and without retiring to her bed, uttering the most distressing cries. The discharge was sanious, and possessed that fetid odour peculiar to cancerous affections. The excrescences completely filled the vagina, and pressed upon the rectum in such a manner as to prevent the discharge of the feces, unless accompanied with most excruciating pains. To this state of obstinate costiveness, there succeeded, on the 16th of January, 1822, a profuse diarrhœa, which lasted five days, accompanied with extreme suffering; and the weakness reached the highest degree. In this deplorable situation the patient requested, with an accent of despair, relief or death. I spoke to her of the possibility of performing an operation which should remove the cause of the disease, but which presented the greatest dangers. Each day her solicitations became more pressing, and her situation more and more precarious; I resolved at length to remove the whole of the uterus, with the exception of the ligaments and the ovaria. Perceiving, after examining the diseased parts, the impossibility of producing the probable destruction of the uterus, by means of ligatures

imbedded in the substance of the fungi, as these were torn by the least touch. I was struck with the idea of introducing one finger into the cavity of the organ, to assist me in pulling it down, so as to be able to fix it at the same time with the pincers or strong polypus forceps. This done, I proposed to separate the connexion between the vagina and the uterus as high up as possible, so as to be able to detach the peritoneum with the handle of a scalpel, as LANGENBECK is said to have done, without penetrating into the abdominal cavity, to pass the finger of the left hand beyond the fundus of the uterus, to effect, by this means, the separation of the fundus of the uterus from the peritoneum, and to separate the rectum in the same manner, so as to employ with security the cutting instrument, when the parts should be drawn abroad. My intention was thus only to remove the uterus, and to leave the ovaria and the ligaments, after having detached them from the body of the uterus. Every thing being arranged, I proceeded to perform the operation on the 22d of January, 1832, assisted by M. DISTEL and my son.

I placed the patient horizontally across the bed, the knees held by my assistants; the rectum and the bladder having been previously emptied. I tried first to depress the uterus by a finger acting as a crochet; but the fungi breaking away and bleeding, without any descent of the womb, I was compelled by the failure to abandon this plan. I then introduced the index and middle finger of the left hand under the pubes, up to the cul de sac of the vagina: I passed between these fingers a convex knife, rounded at the end, having a

long and firmly fixed handle, with which I separated the vagina from the uterus, and then immediately introduced one finger into the opening I had made all round the vagina. To destroy the lateral adhesions, I again introduced a finger into the uterus, to draw it down, while with the handle of the knife, or the right fore finger, I detached the cellular membrane. But the adhesion was so strong, that this method did not succeed. A mass of fungi was partly detached, and protruded at the vulva; I then employed the forceps, with which I seized the anterior parietes of the neck, and I drew it, whilst, with the handle of a knife or a piece of whalebone, I endeavored to separate the uterus from the bladder. But all efforts were unavailing; the forceps escaped and brought with them a portion of the tumour.

The operation had been continued more than half an hour, and I had not succeeded in effecting either the depression of the uterus, or its separation from the peritoneum. The patient lost her fortitude; she was enfeebled by loss of blood, the greater part of which came from the detachment of the fungi. At length, I changed my plan; I abandoned entirely the former attempt to depress and separate, and I determined to cut clean round the fundus of the uterus. To effect this, I introduced two fingers of the left hand into the vagina, between the bladder and the uterus; between these I introduced a scalpel, and seized with the bent forefinger a portion of cellular membrane, which I cut close to the uterus, till the fingers entered the abdomen; then I cut at the same time, little by little, the peritoneum above and before, to

its highest natural adhesions with the uterus. At length I introduced the whole of my left hand into the vagina; and penetrated, by the opening of the peritoneum, into its cavity, and I detached, from each side of the uterus, the ovaria and the lateral ligaments. I then applied my hand to the fundus of the uterus and endeavoured to turn it forward.

During this attempt, the patient, irritated by my hand, and by the agony, made a strong effort for expulsion, as if in childbed; and I also found the intestines pressing on the back of my hand, and falling into the vagina. I replaced them in the abdomen, and seized the uterus. Successive contractions of the belly were accompanied by protrusions of the intestines after the reduction. I instantly begged the patient to abstain from similar efforts; and while an assistant with one hand replaced and confined the intestines, I attempted to retrovert the uterus, and bring its fundus close to the opening of the vagina; the intestines followed also, and completely filled the cavity of the pelvis. An assistant retained them by means of three fingers introduced by the vagina. By this time I contrived with a sharp instrument to separate the uterus from its posterior attachment to the vagina, and the lateral ligaments; and this was done with ease and safety, the parts being exposed to view. At length I completed this dangerous, painful, and tedious operation. I replaced the intestines in their natural position, and kept them there by pledgets of lint, to preserve them from the air and other irritants. The woman was placed in a horizontal position, which she carefully kept. With

the exception of the bleeding which I have mentioned, there was none but what resulted from dividing a small vessel towards the close of the operation, and which was suppressed with the finger. The patient lost about a pint and a half of blood. By way of precaution, I filled the whole vagina with charpie, sprinkled with powdered alum. Some time after the operation, she complained of strong pains in the region of the stomach; she was oppressed with a general cold sweat; the pulse was feeble, and scarcely perceptible; we administered small doses of wine, ether, and tincture of opium; after three hours she was better; the perspiration became warm, and the pulse more full; she only complained of a burning pain in the vagina; the pains she had felt in the abdomen and the pelvis had ceased.

Jan. 29. The *epigastrium* painful; and vomiting. The other parts of the belly little sensible; the thirst is intense, and the perspiration hot and general.

30. The charpie is extracted from the vagina; the intestines could not be felt by the finger; they did not descend into the vagina; the horizontal position is carefully preserved. The vomiting continues; the abdomen is tense and painful; the pulse quick and weak; continual hot perspiration; no evacuation of *faeces* or flatus from the anus; copious involuntary discharge, of urine.

31. Evacuation of hard *faeces*; abdomen less tense, pulse less frequent; heat regular on the skin; increased vomiting. We ordered her some refreshment, and prescribed, quinine and acetic ether; also frictions on the belly with

ether, and fomentations with aromatic wine.

Feb. 1. A restless night; vomiting twice, discharge of flatus in the morning, the abdomen swelled, but soft. Much better in the course of the day, and following night; six evacuations of fæces, at first hard, then liquid; a considerable expulsion of wind; suppuration of the vagina was established; all the unfavourable symptoms gradually disappeared, with the exception of a painful cutting sensation in the vagina when she discharged her urine.

On the 6th, I was astonished to see the patient sitting in her bed, without experiencing any pain in the belly or the pelvis. On examining the vagina I could not by the finger feel the intestines; the peritoneum appeared to be united in the form of a funnel. From that time the patient assumed a more erect position; she sat up to her meals, which for some days were solid, without inconvenience.

She complained only of the passage of urine into the vagina.

On the 15th and 16th she was rather oppressed by a temporary œdema of the lower extremities; but profuse perspirations removed this symptom. I discovered, by touch, that the place where the womb was separated from the peritoneum presented an opening of the size of a shilling, across which the intestines were adhering.

The patient's health improved daily; there was nothing remarkable but an alternate diarrhoea and costiveness.

Feb. 23d, the peritoneal opening was completely closed; the urine still flowed through the vagina, and the opening from the bladder remained; the cutting pain dimi-

nished gradually; and, if we except the involuntary flow of urine, the health of the patient was satisfactorily improved, notwithstanding the employment of a very stimulating treatment.

By the 22nd March, all the pelvis was healed, and there was nothing in the vagina which could lead to the formation of a cancerous tumour.

Still there remained some symptoms of chronic inflammation of the stomach and intestines; but these were removed by a severe regimen. At the beginning of May she returned to her usual avocations; on the 19th of May she walked a quarter of a league, and drank a bottle of new beer. The consequence of this excess was a violent indigestion; inflammation of the lungs made rapid progress, and this gave place to repeated vomiting. After recovering from the operation, she had not the strength she had previous to it. The debility increased the progress of a pulmonary affection, and she died on the 1st of June, 1822. The *post mortem* examination was performed by M. Sauter, in the presence of Drs. Baer, Haaf, and Distel.

The whole skin was pale, the colour of wax; the left thigh, and the large lip of the vulva on that side, were œdematous; the belly was not much changed. By a finger introduced into the vagina, we ascertained that the pelvis was completely closed, there was neither tumour, nor ulcer; the posterior part of the bladder was open. The lungs were tumified and discoloured; and, when cut into, there exuded a considerable quantity of greyish mucus. The heart was healthy; the chest contained much serum.

All the abdominal viscera were healthy and in their natural position; there did not exist in this cavity thickening of any description. The epiploon covered the intestines; the liver was sound; the empty bladder presented no alteration; the spleen and the kidneys were healthy; the stomach was empty, pale, flaccid, and was not distended with gas; the intestines gave no trace of recent inflammation, with the exception of the ascending colon they were empty; the communication between the abdomen and the pelvis was closed, and here the peritoneum had assumed its proper hue. The intestines could not be easily raised, owing to the membranous partition separating the two cavities: thus, the small intestine strongly adhered, for a space about the size of a small coin, by a greyish white membrane, half a line thick, which was separated with difficulty. This separation left no opening into the pelvis, nor was it attended by lesion of the gut. Behind this union, towards the rectum, there was an adhesion of the intestines, about the size of a crown; this could not be destroyed without opening into the pelvis. These viscera were all quite healthy, without contraction, and their functions had never been impaired. The rectum passed to the right of the line of the median, and presented no alteration. In examining the pelvis from above downwards, there was neither ulcer nor fungus to be seen; with the exception of the opening in the bladder, every thing was healed; the ovaria, lessened in size, were in their natural position; the horns of the uterus were recognised with difficulty.

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

*The continuation of the case of Disease of the Cervical Nerves, from p. 243, VOL. IV.*

Since our last report of this case, there is an evident alteration for the better, he can keep his head now almost upright, and can look occasionally over his left shoulder. If he had attempted to do so about a month since, the head would have been pulled violently in the opposite direction.

His general health is much improved, and his appetite pretty good. He continues to take one grain of the belladonna every night, and rubs in also a portion of the ointment, made in the proportion of one drachm to seven of spermaceti ointment, behind the mastoid process. He says that he breathes also with much more freedom. He takes occasionally the house medicine, and it is probable, that he is now benefited as much as he ever will be by any medicine.

*A case of Chronic Inflammation of the Testicle.*

W. S. aged 30, was admitted into Luke's ward, August 27th,

with great tenderness, and some enlargement of the left testicle. There was also considerable thickening of the epididymis, and it was also painful to the touch.

About six weeks before his admission, he had contracted a gonorrhœa, and this having continued rather longer than he expected, he very imprudently used a strong astringent injection, which immediately stopped the discharge, and in a few days after his testicle began to swell. This swelling was treated by a surgeon with leeches, and afterwards cold applications, for more than a fortnight, but when he came into the house, his state was that which we have just described.

He was ordered to keep his bed, to suspend the part, to take of calomel two grains, and half a grain of opium night and morning, and to apply eight leeches to the part. In a few days the swelling began to subside, and a repetition of the leeches was ordered, and afterwards a poultice.

Sept. 14.—General health good, the gland continues to decrease in size. Mouth affected by the calomel. Ordered to continue one grain in the morning instead of two.

28.—Swelling quite gone from the testicle, epididymis feels a little thicker than natural, but gives no pain on pressure. Ordered house physic to be taken occasionally, and to omit the former medicine. On the following Tuesday, discharged cured.

The accidents admitted this week, are an injury to the scalp, a fractured radius, a fracture of the inferior maxillary bone, a lacerated

wound of the fore-arm, and a fracture of the tibia.

The only operation performed this week, was the amputation of the leg below the knee, by Mr. Morgan. Mr. M. made his circular incision in fine style, but lost too much time in polishing. Extensive disease of the tarsal and metatarsal bones rendered the removal of the limb necessary, as the constitution was suffering from its influence.

Two children were brought to Guy's this week who were bitten, in the neighbourhood of Walworth, by a dog supposed to be mad. One about three years old, the other twelve; the younger had that part of the leg, on which the bite was received, excised, and sulphuric acid was afterwards put into the wound; the other would not submit, and was sent away without any application being made to the part.

#### ST. THOMAS'S HOSPITAL.

*Continuation of the case of Compound Fracture of the Os Humeri, &c. in King's ward.*

Our last report of this case only noticed his admission, and the treatment immediately adopted. But on the same evening he had an opiate given, which however did not succeed in procuring a quiet night.

Sept. 21. He complains very much of the pain in his elbow, and of a numbness in his fingers; the whole arm is very much swollen, and has a yellowish appearance. Tongue furred; skin hot and dry; pulse 100.

22. Has passed another restless night, notwithstanding he took the



opium on the preceding evening. The arm tense and very painful. Bowels not moved since his admission; pulse 98, and very wiry and irritable.

24. A very copious discharge of pus from the wound, mixed with blood, and very offensive; hand and fore-arm still very much swollen, and the fingers livid; constitutional symptoms just as before. Apply whitewash on the fore-arm.

26. Countenance pale and dejected; pulse weak, and 110; skin hot and dry; discharge from the wound not so profuse as before; a large bloody vesicle formed on the upper part of the fore arm, and the surrounding parts also becoming gangrenous. Ordered, *Mist. camph.* ʒiiss. *Vin. ant. tart.* gt. xv. *Tr. opii* gt. v. *omni 4tis hora*. Fomentations to be applied, and all bandages removed.

27. The vesication has extended; the skin of the fore-arm is livid beneath the distended cuticle, and the margin of the vesicle surrounded with a red line. Pulse feeble, and 120. Mr. Green ordered him to take a table-spoonful of brandy with a little water, every half hour, until his pulse became fuller and the skin warm. The patient became delirious however during the night, and about half past two on the following day he died.

The case of compound fracture of the skull in Edward's, which we gave, up to the 6th of this month, and which was then going on very favourably, with the pulse 70, skin cool and tongue moist, without any pain in the head or the slightest sensorial derangement, was last week taken suddenly worse, and in a day or two became comatose.

His bowels had not been kept sufficiently acted on, and there was considerable proof of increased action going on in the brain. He was bled to 3 x. and also cupped in the neck, and on the 24th he died. On dissection a large abscess was found in the fore part of the left hemisphere of the brain, containing about two ounces of a greenish-coloured pus. The abscess extended to the level of the corpus callosum on the inner side, was very superficial towards the external surface of the hemisphere on the left side.

No operations have been performed here this week.

The accidents received are an injury to the spine from a blow; a fractured thigh; an inward wound over the knee joint; and a lacerated wound over the scalp.

### MIDDLESEX HOSPITAL.

*Continuation of the case of Mary Southill, from vol. iv. p. 410.*

Sept. 15. To day she is very restless and uneasy, and complains of a violent pain across her forehead. Pulse 104, wiry, and rather full; bowels open; skin very hot; mouth rather sore; anxiety of countenance.

*R. Mittatur sanguis ad 3 x. et applicantur hirudines scilicet temporibus. Pergat medicamentis, omissis vero pulveribus.*

16. Pulse 106, wiry, and tongue furred; skin hot and dry, but less so than yesterday; she is also more cheerful to-day, and has passed a tolerable night. Bowels open;

pain in the head, and anxiety of countenance diminished. In the wound there has been but little alteration for a day or two, excepting that the discharge has rather decreased; so that what was never copious is at present small in the extreme.

R. *Liq. ammon. acet.* ʒjii.

*Sp. ætheris nit.* m. xx.

*Mistura camphora* ʒj. *Gtis horis capiendus.*

17. Pulse 136, wiry; skin very hot and dry; tongue furred.

18. Pulse 130; skin very hot and dry, and of a yellowish colour; tongue furred; bowels open; pain in the head; with great anxiety; restlessness, and depression of spirits. She complains of pain also about the right hip joint, extending down the thigh; tendency to paralysis of the limb; ordered to be fomented.

R. *Liq. ammon. acet.* ʒ iv.

*Vini antimon. tart.* m. x.

o *Aquæ distillata* ʒj. *fiat haustus Gtis horis.*

*Et Capiatur calomelanos gr. j. pulv. antimonal. gr. jiii. hora somni.*

19. Pulse the same as yesterday; bowels open twice; skin very hot and parched; tongue furred; pain in the head diminished; is thirsty and restless, and has taken nothing but a cup of tea; has rather less pain in the hip joint; draughts as yesterday, and the powder to be repeated at night.

20. Pulse 150; anxious and restless; skin and tongue as yesterday; pain in the hip joint much increased. — *Emp. cantharidis corendici applicandum.*

21. Pulse less frequent; pain in the leg rather diminished; bowels relaxed; in other respects the same; an aromatic draught was ordered

to be given her after every loose stool.

22. Pulse 120, weak; tongue furred; skin of a dark yellow colour, and hot; wound unhealthy and dry; pain in the right side, to which six leeches were applied; countenance unfavourable; bowels open.

R. *Capiatur haust. ammoniæ acet.* ʒ iss. *et pulv. antimonalis gr. iv. ter die.*

23. Was delirious during the night, and continued so throughout the day, unaccompanied however by any violent characteristic; her pulse was very rapid and indistinct, and her countenance hippocratic. In the afternoon her extremities became cold; some wine was ordered her, of which however she took none. Died at 12 o'clock, P. M.

The body was examined about 36 hours after death. On separating the skull-cap from the dura mater, a small quantity of serous fluid escaped, some of which was also effused under the tunica arachnoidea. The vessels of the pia-mater were unusually turgid, but the brain was otherwise healthy; no visceral derangement was discovered.

#### *Case of Fracture of the Cranium, with but little Depression.*

Alfred Aldridge, ætat. 12, admitted Saturday, Sept. 4th. This boy had been kicked by a horse about 20 hours previous to his admission.\* By this accident, the

\* The patient was brought here from the country, and from all we could learn, it appears that he was stunned by the blow, but speedily recovered.

scalp was divided by an incised wound about two inches in length, on the vertex of the head, and almost immediately over the sagittal suture, under which the left parietal bone was fractured, nearly in the same direction, though not to an equal extent. For the purpose of investigating with greater certainty the nature and extent of the injury, an incision was made through the scalp, about three-quarters of an inch in length towards the left temporal bone, being in the centre of and nearly at right angles to the original laceration, or accidental division, when a fissure was observed running in the same direction, which terminated, however, about a quarter of an inch short of the above described incision of inquiry. At this period his pulse was about 90, without being remarkable. His pupils were slightly dilated, but perfectly sensible to light, and neither his mental or bodily faculties appeared to be in any degree impaired. His answers were correct and rational, and his spirits good. Under these circumstances, as there were no bad symptoms, and as the fractured portions of bone, at the highest computation, could not have been depressed so much as the eighth part of an inch, the operation of the trephine was dispensed with; the edges of the divided scalp were brought together by adhesive straps, and secured in the usual way by a roller. His bowels were rather confined, and he was ordered to have *haustus sennæ comp. unciam, secundis horis donec alvus liji ce-*

*rit*, and opothems of cold lotion to be applied to the head.

5th. Has passed a tolerable night. To-day he says he has a little pain in the head. His bowels have been well open. Skin rather hot. Tongue clean; Pulse rather quickened.

R. *Calomelanos granum.*

*Pulv. antimonialis grana duo fiat pulvis.*

*Atis horis sumendus.*

R. *Liquoris Ammon. acet. ℥i.*

*Sp. ætheris nitrisi m. xv.*

*Aquæ distillatæ ʒv. fiat haustus Atis horis capicndus.*

9th. Has had no unfavorable symptoms; the wound discharges a small quantity of healthy pus, and on the scalp healthy granulations have formed. The denuded cranium, however, now presents a dull white, or isæmoplegmatic appearance, as if preparatory to the process of exfoliation. To day his pulse is 94, and rather full, bowels open, tongue clean, skin rather hot.

*Capiantur, pulveres et haustus ter die duntaxat.*

For several days from this period no particular alteration occurred; the symptoms already described being, if any thing, slightly mitigated. On Saturday 11th, however (11th), he became worse; complained of pain in the head, and voided a bilious matter. Sunday (12th), he appeared rather better; sickness and pain in the head diminished; bowels confined; *capiatur pulv. jalapæ comp. gr. xv.* Monday 13th, pain in the head much increased, pulse 116, full; skin hot and dry, somnolency. Bowels imperfectly open yesterday.

*Enema commune statim; et mitatur sanguis ad ʒx.*

himself, and walked some distance to a Surgeon for assistance, by whose advice he was sent to the Hospital.

Rx. *Liq. ammon. acet.* ℥iv.

*Sp. æther. nitrici* m. xx.

*Vini antimonii tart.* m. viii.

*Aquæ distillatæ* ʒj. *stat haustus* 6tis horis.

*Applicatur emplastr. cantharidis nuchæ vespere.*

14th. Pains shooting through the head; tongue loaded; skin very hot and dry; soporose disposition diminished. Passed a restless night.

15th. Pulse 100, rather full; bowels open; skin rather hot and dry; pain in the head and drowsiness; tongue furred. *Mittatur sanguis ad ʒx. et admoveantur hirudines xii. temporibus*, which procured a slight alleviation of the symptoms.

16th. Pulse about 100, softer; skin hot and dry; respiration difficult; pain in the head and left side; tongue furred; bowels open. Restless and uneasy.

Rx. *Liq. ammoniæ acet.* ʒjii.

*Pulv. ipecac. comp.* gr. v.

*—Fiat haustus 4tis horis capiendus.*

17th. Pain in the head diminished; in the abdomen increased. Bowels open. Skin more natural. Tongue furred. Pulse rather fuller, 106. *Venesectio ad ʒx. Hirudines xii. abdomini. Capiatur haust. tart. sodæ pro re nata.\**

18th. Great anxiety and restlessness. Pain over the abdomen, and particularly at the floating ribs of the right side. Pulse about 100, very feeble. Bowels open. Tongue furred. Skin hot and dry. Discharge from the wound thin and

unhealthy. Paralysis of the left leg.

19th. Last night he became delirious, to which succeeded a comatose state. His breathing stertorous; and his pupils permanently dilated. Under these circumstances, the trephine was employed, as the only means of ameliorating the condition of the patient, and as being perfectly warranted and pointed at by the urgent nature of the symptoms. It was found, after removing several fractured portions of bone, that the inner table of the cranium had been more depressed at the anterior extremities of the fracture than had at first been imagined, or could possibly have been discovered without the employment of the trephine in the first instance. At this point, part of the fractured portion of the inner table was driven below and tightly wedged under the sound portions of frontal bone. A small quantity of matter discharged itself on the removal of the above described portion of bone, which appeared to arise principally from the anterior part of the fracture already alluded to. Underneath, the injury to the cranium, the dura mater was suppurating and apparently a good deal ulcerated. The stertorous breathing slightly diminished after the operation; the other symptoms, however, still remained unrelieved and unmitigated. The wound was dressed, in the usual way, with oiled lint on the dura mater.

In the evening his pulse was very rapid and indistinct; his respiration had lost its former stertorous character, but was still extremely difficult.

20th. Lies in the same senseless state; respiration difficult and

\* This is an effervescing draught, made with carbonate of soda and tartaric acid. A scruple of the former to 15 grains of the latter; water 2 oz.; for which, in the present instance, camphor mixture was substituted.

hurried; extremities growing cold. During the day he had several convulsive fits, and died about two o'clock, P. M.

*Post mortem examination.*—Underneath the fracture, the dura mater was ulcerated to a considerable extent; there was a collection of matter in the septum, between the hemispheres, and a considerable effusion on the pia mater, more especially on the right side. The vessels of the brain were turgid; more particularly the venous. There was effusion on the sheath of the spinal chord.

Nothing in the abdomen could be found to account for the yellowness of skin, which presented itself a few days prior to the death of this patient; which is the more remarkable as the same appearances were observed in the case of Southill already described, and in this case too without leaving a trace of its origin to recompense the researches of the morbid anatomist.

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*Continuation of the case of Richard Phillips, from Vol. IV. page 253.*

Sept. 24<sup>th</sup>. This man's symptoms, which, at one period, were very alarming, have, since our last report of the case, gradually subsided, and the patient has since been discharged; he has a trifling cough at present, which however occasions him but little uneasiness.

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## WESTMINSTER HOSPITAL.

A case of small pox, after vaccination, has occurred at this Hospital, in Mary Blagdon, a girl aged 14, of a delicate habit of body.

The patient was admitted at the beginning of August last, with a large abscess, situated in the axilla, extending backwards as far as the scapula, forwards to the cartilages of the ribs, and downwards to the sixth; it had been increasing for the space of three months, and but little pain has been felt since its commencement.

August 21<sup>st</sup>. A very slight degree of pain is felt in the tumour; pulse 96, small and quick; tongue a little covered with a whitish crust; bowels open. Beneath the chin are marks of previous abscesses having existed, similar to those produced by the action of scrofula.

A mercurial plaster was applied to the abscess immediately on her admission.

25<sup>th</sup>. The patient sleeps well at night; pulse 100, small and hard; the tongue furred as on the 21<sup>st</sup>; bowels open; no pain felt in the tumour.

28<sup>th</sup>. A small, hard, and quick pulse, beating 96 strokes in a minute; tongue furred; bowels open.

Sept. 1<sup>st</sup>. The tumour presents a more prominent and red appearance anteriorly, but still gives but little pain. In other respects the patient continues the same.

4<sup>th</sup>. Bowels open; pulse 90; tongue rather more furred than on the first.

15<sup>th</sup>. From the fourth, the abscess has been gradually increasing in size, and this morning Mr. LYNN opened it, when about eight ounces of pus, consisting of a curdley matter, mixed with blood, were evacuated; the general health of the patient remains the same; the bowels open; tongue rather less furred than usual; pulse 100.

18<sup>th</sup>. Much pain is felt in the

head; a great degree of fever exists to-day; skin dry and hot; pulse 110, small, hard, and quick. The abscess is again filling. No appetite for food is felt by the patient.

20th. Much fever; tongue covered with a brown crust; pulse 120, and quick; drowsiness; no appetite; an eruption of small red spots has made its appearance on the face and neck.

22nd. Small vesicles have arisen in the different parts of the body, depressed in the middle, and containing a colourless fluid; each surrounded by an inflamed ring; the fever is less than on the 20th; pulse 100; tongue furred; bowels open.

25th. Perfect pustules are formed, filled with pus; pain in the throat, attended with difficulty of swallowing; and hoarseness is experienced; pulse 100; bowels open.

27th. The pustules have discharged their contents; pulse 90; skin cool and moist; bowels open; tongue still a little furred; the abscess is again filling.

This patient was vaccinated when a child; and it is evident that the disease was properly received, from there being two cicatrices strongly marked on the arm.

Sept. 20th. Barty, a man aged 35, has been this morning admitted to the hospital, with several contusions, in different parts of the body, occasioned by a piece of timber falling upon him, and knocking him down. He was insensible when taken up, but in some measure recovered before he was brought here. Great pain is felt on breathing, in the sides and back, particularly between the shoulders,

although no rib is fractured; vacuity of look exists; the pulse beats 70 strokes in a minute, frequently intermitting. *Mittatur sanguis e brachio ad. 3xiv.*

*R Magnes. sulph. ʒi. statim sumend.* Half an hour after the bleeding the pulse had risen to 75, though still irregular, in other respects the patient was the same.

Tuesday 21. Great pain and giddiness is felt in the head, which has been shaved and is bathed with a cold lotion; little rest was procured in the night; bowels open; pulse 75; the pupils of the eye little affected by light; great pain between the shoulders, so much indeed that the patient is unable to turn himself in bed; it is particularly felt when fetching a deep breath.

Wednesday 22. The pupils of the eye are now more affected by light, but in other respects the patient is the same as yesterday.

Thursday 23. Pulse 75, softer and more regular; pain in the back not so bad as yesterday; rested better in the night; bowels open.

Saturday 25. Pain in the head and back almost gone; pulse 80 and regular; bowels open.

Monday 27. The patient goes on improving in health; and is ordered to be dismissed on Wednesday next, if no bad symptoms intervene.

The accidents admitted here since our last report, are, two fractured legs, one fracture of the arm, and a patient with an injury in the shoulder, in which the clavicle rises up above the acromion; this last is treated by bandaging the arm, so as to keep the elbow supported, and close to the side.



## UNIVERSITY OF DUBLIN.

Dr. MACARTNEY will commence the LECTURES on ANATOMY, PHYSIOLOGY, and SURGERY, the first Monday in November.—Terms, Four Guineas for the First Course, Three Guineas for the Second, and Two Guineas for the Third.

The Course of ANATOMICAL DEMONSTRATIONS commences the third Monday in November.—Terms (including Dead Bodies, and constant Services, viz. Dissection of them,) Six Guineas for the First Course, Four Guineas for the Second, and Two Guineas for the Third.

The Lectures on MORBID ANATOMY and PATHOLOGY commence the first Friday in February.—Terms for the First Course, Two Guineas, and for the Second, One Guinea.

## THEATRE OF ANATOMY, GREAT WINDMILL STREET.

The LECTURES on ANATOMY, PHYSIOLOGY, PATHOLOGY, and SURGERY by CHARLES BELL, Surgeon to the Middlesex Hospital, and Mr. SHAW will commence on the 1st of October, at Two o'clock.

The DEMONSTRATIONS, in the Rooms, will be given by Mr. Shaw. The LECTURES on SURGERY, by Mr. Bell, will be given on the Evenings of Tuesdays and Thursdays.

## CHEMISTRY.

Mr. GURNEY will commence his next COURSE of LECTURES on PHARMACEUTICAL and PHILOSOPHICAL CHEMISTRY, on Tuesday, the 8th of October, at Eight o'clock in the Evening.

Persons attending these Lectures may have the use of the Laboratory Apparatus, for Experiments, but the Materials and Reagents must be provided by the Students. The accidental damages sustained by the Apparatus during his Experiments will be repaid at the end of the Course.

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Mr. LEEARNS will begin his WINTER COURSE of LECTURES on ANATOMY and PHYSIOLOGY, in the Theatre of Anatomy, at Surgeon's-square, Edinburgh, on Monday, the 1st of November, at 12 o'clock, at which the Structure and Functions of the Human Body will be explained with reference to Disease.

—These Lectures, as usual, will be held at 10 o'clock on Monday the 18th of October. For Particulars, apply to Mr. Highley, Medical Library, Webb-street, Borough, or 174 Fleet-street.

Dr. THATCHER will commence his WINTER COURSE of LECTURES on the PRINCIPLES and PRACTICE of MIDWIFERY, including the Diseases of Women and Children, at the Dispensary, 13, High School-street, by Surgeon, on Monday, the 1st of November, at Three p.m. Particulars will be published.

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